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MEDICAL MALPRACICE

IN MISSOUR! 1984-1986



Statistical Section
Division of Insurance
January 1988

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SUMMARY

The number of claims being closed each year continues to rise in Missouri. Between 1984 and 1986, the period covered by this report, closed claims rose by nearly 40%, from 1,447 in 1984 to 2,021 in 1985. The percentage of claims closed without payment as compared to all closed claims remained fairly stable over the same period, increasing from 63.8% in 1984 to 67.5% in 1986. Part of the increase for both all claims and those closed without payment may be because of increased reporting. Self-insurers were required to begin reporting to the Division of Insurance for the first time in 1986. A total of 40 closed claims were received from the self-insurers that reported. Twenty-two of the 40 claims were closed without payment.

Also continuing to rise is the average indemnity being paid on claims. Average indemnity paid on all claims closed in 1986 was up only 2% from 1985, but had increased nearly 25% from 1984. Average indemnity on paid claims only was up 21.3% from 1985 to 1986, and had increased 39.4% from 1984 to 1986. Indemnity paid on hospital claims was higher than that paid on claims against physicians and surgeons. In 1986, the average indemnity for paid claims made against hospitals was \$93,637 while average indemnity for physicians and surgeons was \$82,250. Average indemnity for all other providers for 1986 was \$28,991, and the average indemnity for all paid claims was \$77,585.

Of interest is that of the thirteen claims that were paid over the three year period in an amount over \$1 million, nine of these were against hospitals. Four of the claims reported closed in 1986 against physicians were in the \$1 million plus range.

As might be expected by the increase in average indemnity, there has been a steady increase in the number of larger claims, those paid in an amount over \$100,000. In 1984, there were 70 claims over \$100,000,

or 13.4% of the paid claims were "large." In 1985, 113 of the 609 paid claims, or 18.6%, were over \$100,000 and in 1986 this number had grown to 136, or 20.7% of the 656 claims closed with payment were paid for over \$100,000.

Of the claims closed in 1986, 48% had been reported to the insurer within 12 months of the incident causing the claim. Comparing the reporting of claims against physicians and surgeons and claims against hospitals, only 30% of the former were reported within a year of the incident, while 69% of the latter (hospitals) were reported within a year.

The number of claims which were closed within a year of the incident is much smaller. In 1986, only 23% of the total claims closed were closed within one year. Only 8% of the claims against physicians and surgeons were closed within that year, while 40% of the claims closed in 1986 that were against hospitals had been closed within a year of the incident.

For the three years covered by this report, the severity of the claims remained fairly constant. In 1986, the percentage of the paid claims that were severity 01 (minor) was 5.9%; in 1985 this was 4.8% and in 1984, 4%. In 1986, 49.9% of the claims had a severity of 2, 3, 4 (moderate injury). These 49.9% of the claims amounted to only 14.7% of the indemnity paid, however, and while less than 30% of the claims had a severity of 5, 6, 7, 8 (severe injury), they accounted for nearly 62% of the total indemnity paid. The 15% of the total claims which were severity 9 (death), represented 21.4% of the total indemnity. As is evident from these figures, although more claims were for the less severe injuries (55.8%), indemnity paid on these claims accounted for less than 17% of the total indemnity paid.

It would appear that more claims are going to court, regardless of whether the final settlement is in favor of the plaintiff or the defendant. In 1984, 24.0% of the claims which were closed in favor of the plaintiff were closed after going to court; in 1985, this figure was 24.7% and in 1986, 30.6%. For claims where the settlement was in favor of the defendant, 26% were settled after taking to court in 1984, 18.7% in 1985, and 23.7% in 1986. The average expense (cost to defend the

claim) has also been rising. In 1986, it cost an average of \$10,060 in expenses for a claim that was settled in favor of the plaintiff, \$3,082 if for the defendant. In 1985, it cost \$7,051 for plaintiff and \$2,706 for defendant and in 1984, these figures were \$6,724 and \$1,922, respectively. This would show that the cost to defend a claim closed with payment rose 49.6% between 1984 and 1986 and in a claim closed without payment, 60.3%.

For the first time since 1981, true loss ratios (losses incurred divided by premium earned) have fallen below 100%. 1986 had a loss ratio of 97.8% for all medical malpractice experience based on \$93,950,328 of premium earned and \$91,871,912 in losses incurred. Premium earned has increased by 139% from 1984 through 1986; losses incurred have increased by approximately 72%, this difference in has allowed medical malpractice loss ratios to drop from the 136% that was suffered in 1984 to the 97.8% in 1986. Written premium over the three-year period rose by 98%.

The statistics shown in this report are from two sources: closed claim reporting by the insurance industry and also Supplement to Page 14 of the Annual Statement. Beginning in 1986, companies began reporting open claims as well as closed claims and self-insurers were required to report both open and closed claims. The closed claim information submitted by these self-insurers has been incorporated into the tables in this report.

TABLE I

Indemnity Paid for Each Defendant

The following tables show the number of claims, the percent of the total count they represent cumulatively (adding all lower categories to the new category), and also show the total indemnity paid in each category with cumulative percent.

The average indemnity is shown calculated for specified paid claims only. The number of claims that had loss adjustment expenses in addition to indemnity are shown with the average adjustment expense.

On the total line for all claims together the same categories are given, but the unspecified cases are deleted in computation of averages.

As a special feature of these tables a cut-off percentage is also given for the indemnity cases, which indicates the percent of the total indemnity (loss cost) that would be left for insurers to pay if all losses (by a statute of limitations) were limited to amounts less than and including that category.

INDEMNITY PAID	AVG.	NO OF CLAIM REPORTS	CUM %	INDEMNITY PAID	CUM %	CUT OFF%	AVG INDEMNITY PER DEFENDANT	AVG EXPENSE PER DEFENDANT
NONE	36	1,365	67.54		.00	100.00		2,390
1-999	19	56	70.31	25,320	.04	98.77	452	684
1,000-1,999	27	48	72.68	66,173	. 17	97.65	1,378	1,373
2,000-2,999	37	35	74.41	79,826	.33	96.61	2,280	5,444
3,000-3,999	32	39	76.34	128,364	.58	95.65	3,291	2,692
4,000-4,999	33	22	77.43	93;413	.77	94.74	4,246	3,201
5,000-5,999	43	35	79.16	178,333	1.12	93.91	5,095	3,385
6,000-6,999	30	6	79.46	38,535	1.19	93.09	6,422	2,144
7,000-7,999	41	23	80.60	170,540	,1.53	92.30	7,414	2,921
8,000-8,999	40	5	80.85	42,863	1.61	91.53	8,572	2,131
9,000-9,999	38	8 76	81.24	72,450	1.76	90.79	9,056	2,376
10,000-19,999	41 46	74 44	84.90 87.08	1,003,852	3.73	84.28	13,565	4,654
20,000-29,999	43	28	88.47	1,035,699 942,194	5.76 7.61	78.84 74.06	23,538 33,649	6,330 6,035
30,000-39,999 40,000-49,999	49	24	89.65	1,051,543	9.68	69.78	43,814	5,574
50,000-59,999	62	30	91.14	1,545,551	12.72	66.17	51,518	12,003
60.000-69,999	44	13	91.78	832,725	14.35	62.81	64,055	5,858
70,000-79,999	45	16	92.57	1,171,000	16.65	59.76	73,187	10,129
80,000-89,999	37	7	92.92	569,351	17.77	56.93	81,335	4,374
90,000-99,999	36	7	93.27	651,427	19.05	54.22	93,061	12,419
100,000-199,999	60	60	96.23	7.849.985	34.48	35.65	130,833	17, 175
200,000-299,999	51	41	98.26	9,107,411	52.37	26.99	222,131	14,974
300,000-399,999	54	7	98.61	2,306,022	56.90	21.08	329,431	13,775
400,000-499,999	71	8	99.01	3,638,148	64.05	16.29	454,768	27,956
500,000-999,999	45	11	99.55	7,400,814	78.59	3.72	672,801	45,070
1,000,000-1,999,9		8	99.95	8,408,462	95.11	2.91	1,051,057	66,156
2,000,000-2,999,9	32		100.00	2,485,655	100.00	*	2,485,655	114,855
TOTAL	38	2,021	.00	50,895,656	.00	.00	25,183	4,308

Total Paid Only

656

Average on Paid Only

\$77,585

INDEMNITY PAID	AVG. MO.	NO CLAIM REPORTS	CUM%	I NDEMN I TY PA I D	CUM%	CUT OFF %	AVG INDEMNITY PER DEFENDANT	AVG EXPENSE PER DEFENDANT
NONE	*	672	66.40	•	.00	100.00		3,155
1-999	30	13	67.68	6,192	.02	98.80	476	1,364
1,000-1,999	34	11	68.77	14,376	.07	97.66	1,306	2,303
2,000-2,999	44	19	70.65	43,187	.22	96.58	2,273	8,552
3,000-3,999	32	18	72.43	61,156	. 44	95.56	3,397	3,904
4,000-4,999	22	8	73.22	33,150	.56	94.59	4,143	5,086
5,000-5,999	46	17	74.90	87,235	.87	93.67	5,131	4,281
6,000-6,999	31	4	75.29	25,368	.96	92.77	6,342	1,871
7,000-7,999	41	16	76.87	118,500	1.39	91.91	7,406	2,911
8,000-8,999	64	1	76.97	8,750	1.42	91.07	8,750	
9,000-9,999	34	4	77.37	36,250	1.55	90.25	9,062	. 2,300
10,000-19,999	42	33	80.63	451,350	3.16	82.81	13,677	4,536
20,000-29,999	60	18	82.41	425,325	4.68	76.21	23,629	7,190
30,000-39,999	47	17	84.09	582,194	6.76	70.20	34,246	5,451
40,000-49,999	51	18	85.86	786,299	9.58	64.85	43,683	5,804
50,000-59,999	65	24	88.24	1,234,501	13.99	60.47	51,437	10, 163
60,000-69,999	47	10	89.22	638,743	16.27	56.43	63,874	5,225
70,000-79,999	44	14	90.61	1,021,000	19.93	52.89	72,928	9,609
80,000-89,999	22	2	90.81	164,351	20.51	49.55	82,175	4,434
90,000-99,999	46	4	91.20	380,427	21.87	46.29	95,106	5,488
100,000-199,999	57	43	95.45	5,396,250	41.17	25.92	125,494	17,055
200,000-299,999	54	30	98.41	6,419,362	64.13	18.70	213,978	14,880
300,000-399,999	58	4	98.81	1,298,010	68.77	14.06	324,502	18,820
400,000-499,999	64	5	99.30	2,309,021	77.02	10.45	461,804	27,985
500,000-999,999	48	3	99.60	2,273,978	85.16	.53	757,992	8,158
1,000,000-1,999,9	40	4	100.00	4,150,000	100.00	.00	1,037,500	15,568
TOTAL	48	1,012	.00	27,964,975	.00	.00	27,633	4,933

Total Paid Only

340

Average on Paid Only

\$82,250

MISSOUR! DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE SUMMARY BY AMOUNT INDEMNITY PAID FOR EACH DEFENDANT CLAIMS CLOSED IN 1986 HOSPITALS

INDEMNITY PAID		CLAIM EPORTS	CUM%	INDEMNITY PAID	CUM%	CUT OFF %	AVG INDEMNITY PER DEFENDANT	AVG EXPENSE PER DEFENDANT	
NONE 1-999 1,000-1,999 2,000-2,999 3,000-3,999 4,000-4,999 5,000-5,999 6,000-6,999 7,000-7,999 8,000-8,999 10,000-19,999 20,000-29,999 30,000-39,999 40,000-49,999 50,000-59,999 70,000-79,999 80,000-89,999 100,000-199,999 200,000-299,999 100,000-399,999 100,000-399,999 1,000,000-499,999 1,000,000-1,999,999 1,000,000-1,999,999 1,000,000-1,999,999 1,000,000-2,999,999 1,000,000-2,999,999 1,000,000-2,999,999	** 191 357 337 338 339 339 339 339 449 449 449 455 449 455 449 455 475 475 475 475 475 475 475 475 475	602 26 20 11 17 7 13 1 5 3 2 4 19 7 5 5 2 1 4 3 1 2 8 3 3 3 7 4 1 5 1 5 1 1 7 8 1 8 1 8 1 8 1 8 1 8 1 8 1 8 1 8	73.86 77.50 80.85 82.94 83.89 85.52 86.74 89.02 92.88 93.49 94.11 94.37 94.37 94.37 94.37 94.37 95.38 97.75 98.52 99.88	13,025 27,104 26,076 54,125 28,963 65,848 6,500 37,040 26,113 18,220 447,374 225,000 217,244 261,050 133,134 75,000 320,000 271,000 1,723,822 2,038,049 1,008,012 1,329,127 4,526,836 4,258,462 2,485,655 19,944,581	.00 .06 .20 .33 .60 .74 1.07 1.11 1.29 1.42 1.51 3.13 6.50 7.59 9.94 11.55 12.90 21.57 36.82 43.48 66.18 87.53 100.00	100.00 98.12 97.32 96.60 95.34 94.17 93.60 88.84 81.86 79.12 76.628 72.00 68.03 52.15 33.09 26.42 8.74 7.44 7.44 7.44 7.44 7.44	500 1,355 2,370 3,183 4,137 5,065 6,500 7,408 8,704 9,100 13,409 23,546 32,142 43,448 52,210 66,567 75,000 80,033 143,675 336,004 443,690 1,064,655 2,485,655 24,471	1,693 756 1,684 2,550 1,594 3,794 5,379 2,650 3,275 4,815 6,948 8,795 23,236 11,954 26,947 3,561 16,255 7,048 27,641 114,855 4,004	

Total Paid Only

213

Average on Paid Only

\$93,637

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE SUMMARY BY AMOUNT INDEMNITY PAID FOR EACH DEFENDANT CLAIMS CLOSED IN 1985 ALL CLAIMS

INDEMNITY PAID	AVG. MO.	NO OF CLAIM REPORTS	CUM %	INDEMNITY PAID	CUM %	CUT OFF%	AVG INDEMNITY PER DEFENDANT	AVG EXPENSE PER DEFENDANT
ONE	34	968	61.38		.00	100.00		2,238
-999	20	65	65.50	29,362	.07	98.52	451	911
,000-1,999	29	41	68.10	52,245	.20	97.20	1,274	1,318
,000-2,999	38	48	71.14	112,572	.49	95.99	2,345	2.593
,000-3,999	32	25	72.73	81,333	.70	94.87	3,253	1,102
,000-4,999	46	15	73.68	63,600	.87	93.80	4,240	3,542
,000-5,999	36	35	75.90	176,507	1.32	92.82	5,043	3,225
,000-6,999	44	11	76.60	67,983	1.49	91.86	6,180	831
,000-7,999	32	14	77.48	10,3,750	1.76	90.94	7,410	1,907
,000-8,999	45	7	77.93	56,615	`1.91	90.04	8.087	5,235
,000-9,999	47	3	78.12	28,000	1.98	89.15	9,333	4,460
0,000-19,999	44	73	82.75	978,337	4.49	81.53	13,401	5,294
0,000-29,999	48	45	85.60	1,058,297	7.21	75.30	23,517	5,535
0,000-39,999	45	28	87.38	919,727	9.57	69.98	32,847	6,967
0,000-49,999	54	18	88.52 .	766,941	11.54	65.21	42,607	8,625
0,000-59,999	44	26	90.17	1,344,000	14.99	61.12	51,692	8,564
0,000-69,999	34	11	90.86	706,670	16.80	57.30	64,242	14,045
0,000-79,999	40	14	91.75	1,036,399	19.46	53.82	74,028	5,607
0,000-89,999	63	9	92.32	742,500	21.37	50.66	82,500	9,059
0,000-99,999	52	8	92.83	753,259	23.31	47.67	94,157	12,629
00,000-199,999	58	. 57	96.44	7,571,576	42.75	28.48	132,834	9,194
00,000-299,999	55	, 37	98.79	8,122,047	63.60	21.75	219,514	12,194
00,000-399,999	62	9	99.36	2,998,888	71.30	18.42	333,209	14,350
00,000-499,999	37	2	99.49	934,358	73.70	16.02	467,179	18,421
00,000-999,999	96	6	99.87	4,239,174	84.59	10.27	706,529	34,447
,000,000-1,999,9	28	1	99.93	1,000,000	87.16	10.27	1,000,000	
,000,000-5,999,9		1	100.00	5,000,000	100.00	**	5,000,000	
OTAL.	37	1,577	.00	38,944,140	.00	.00	24,695	3,586

Total Paid Only 609 Average on Paid Only \$63,948

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE SUMMARY BY AMOUNT INDEMNITY PAID FOR EACH DEFENDANT CLAIMS CLOSED IN 1985 PHYSICIANS

INDEMNITY PAID	AVG. MO.	NO CLAIM REPORTS	CUM%	INDEMNITY PAID	CUM%	CUT OFF %	AVG INDEMNITY PER DEFENDANT	AVG EXPENSE PER DEFENDANT
NONE 1-999 1,000-1,999 2,000-2,999 3,000-3,999 4,000-4,999 5,000-5,999 6,000-6,999 7,000-7,999 8,000-8,999 10,000-19,999 20,000-29,999 30,000-39,999 40,000-49,999 70,000-79,999 80,000-89,999 70,000-79,999 80,000-89,999 100,000-199,999 200,000-299,999 300,000-299,999 300,000-399,999 500,000-399,999 500,000-999,999	** 352 37 51 553 51 554 552 554 57 561 589 37 848	485 9624 98126 951 407162 1410 957 31 522 804	60.32 61.44 62.18 65.17 66.29 67.28 68.78 69.52 70.64 71.39 76.36 79.72 81.71 83.20 84.95 86.19 87.31 87.93 88.95 99.75 100.00	3,714 9,363 56,374 29,083 33,250 60,038 37,733 67,000 40,500 9,500 528,473 640,047 530,704 521,108 718,000 646,670 671,488 415,000 658,259 6,679,431 6,612,251 1,672,531 934,358 1,350,000 22,924,875	.00 .01 .05 .30 .42 .57 .83 1.00 1.29 1.47 1.51 3.81 6.60 8.92 11.19 14.32 17.14 20.07 21.88 24.76 53.89 82.73 90.03 94.11 100.00	100.00 98.63 97.03 94.84 93.69 92.59 91.47 89.46 88.45 79.06 659.35 54.09 48.35 54.33 311.48 49.20 59.20 69.20	412 1,560 2,348 3,231 4,156 5,003 6,288 7,444 8,100 9,500 13,211 23,769 43,425 51,285 64,667 74,609 83,000 94,037 133,588 213,298 334,506 467,179 675,000 28,513	3,305 4,951 2,703 2,758 657 5,293 4,837 1,038 2,216 5,047 450 6,370 4,067 9,192 9,470 8,062 15,449 5,368 7,713 12,928 8,854 11,553 15,718 18,421 30,026 4,894

Total Paid Only

319

Average on Paid ONly

\$71,865

INDEMNITY PAID		NO CLAIM REPORTS	CUM%	INDEMNITY PAID	CUM%	CUT OFF %	AVG INDEMNITY PER DEFENDANT	AVG EXPENSE PER DEFENDANT	
NONE	22	398	67.34		00	100.00		1,036	
1-999	13	28	72.08	13,479	.09	98.72	481	430	
1,000-1,999	37	16	74.78	19,097	.23	97.63	1,193	1,256	
2,000-2,999	26	16	77.49	36,792	. 49	96.64	2,299	3,381	
3,000-3,999	24	10	79.18	32,250	72	95.74	3,225	1,353	
4,000-4,999	38	6	80.20	25,850	.91	94.89	4,308	1,609	
5,000-5,999	29	19	83.41	96,469	1.60	94.17	5,077	2,729	
6,000-6,999	36	5	84.26	30,250	1.82	93.51	6,050	584	
7,000-7,999	30	3	84.77	22,500	1.98	92.85	7,500	2,145	
8,000-8,999	23 57	2	85.10	16,115	2.09	92.22	8,057	5,706	
9,000-9,999	57	2	85.44	18,500	2.23	91.60	9,250	6,465	
10,000-19,999	39 38	20	88.83	279,217	4.23	86.30	13,960	5,511	
20,000-29,999	38	15	91.37	356,750	6.79	82.23	23,783	8,764	
30,000-39,999	38	8	92.72	260,833	8.66	79.00	32,604	5,465	
40,000-49,999	73 34	5	93.57	200,000	10.09	76.27	40,000	7,432	
50,000-59,999	34	9	95.09	461,000	13.40	74.12	51,222	9,785	
60,000-69,999	5	5	95.26 96.10	60,000 364,911	13.83 16.44	72.11 70.35	60,000 72,982	6,037	
70,000-79,999 80,000-89,999	32	2	96.61	247,500	18.22	68.86	82,500	11,110	
100,000-199,999	54 33	6	97.63	774,645	23.77	56.14	129,107	13,009	
200,000-299,999	38	5	98.47	1,303,775	33.12	47.51	260,755	16,180	
300,000-399,999	66	í	99.15	1,326,357	42.63	43.02	331,589	12,641	
500,000-999,999	126	3	99.66	2,000,000	56.97	28.68	666,666	8,376	
1,000,000-1,999,9	28	1	99.83	1,000,000	64.14	28.68	1,000,000	0,070	
5,000,000-5,999.9	46	i	100.00	5,000,000	100.00	#	5,000,000		
TOTAL	26	59 i	.00	13,946,290	.00	.00	23,597	2,227	

Total Paid Only

193

Average on Paid Only

\$72,261

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE SUMMARY BY AMOUNT INDEMNITY PAID FOR EACH DEFENDANT CLAIMS CLOSED IN 1984 ALL CLAIMS

INDEMNITY PAID	AVG. MO∵	NO OF CLAIM REPORTS	CUM %	INDEMNITY PAID	CUM %	CUT OFF%	AVG INDEMNITY PER DEFENDANT	AVG EXPENSE PER DEFENDANT
NONE	32	923	63.78		.00	100.00		1,562
1-999	26	58	67.79	24,077	.08	98.32	415	1,087
1,000-1,999 2,000-2,999	28 58	49 33	71.18 73.46	68,694 78,256	.31 .58	96.82 95.46	1,401 2,371	2,413 2,551
3,000-3,999	23	31	75.60	101,825	.93	94.22	3,284	1,239
4.000-4.999	33	17	76.77	70,984	1.17	93.06	4,175	2,724
5,000-5,999	46	22	78.29	111,908	1.56	91.98	5,086	3,925
6,000-6,999	42	10	78.99	62,313	1.77	90.93	6,231	4,913
7,000-7,999	42	. 17	80.16	126,250	,2,20	89.92	7,426	4,853
8,000-8,999	36 35	6 6	80.58	50,000	2.38	88.95	8,333	912
9,000-9,999 10,000-19,999	35 41	65	80.99 85.48	54,750 844.278	2.56 5.46	88.00 80.14	9,125 12,988	2,433 3,826
20,000-29,999	42	39	88.18	890,918	8.51	73.89	22,844	7,849
30,000-39,999	42	28	90.11	943,428	11.75	68.64	33,693	7,570
40,000-49,999	36	22	91.63	950,033	15.00	64.25	43,183	7,635
50,000-59,999	56 35	18	92.88	912,739	18.13	60.67	50,707	9,405
60,000-69,999	35 48	9	93.50 94.12	568,050	20.08	57.36	63,116	13,338
70,000-79,999 80.000-89.999	41	7	94.12	670,546 584:819	22.38 24.38	54.30 51.54	74,505 83,545	9,123 7,349
90.000-99.999	45	8	95.16	741,666	26.92	49.07	92,708	13,310
100.000-199.999	50	. 33	97.44	4,680,460	42.97	31.65	141,832	10,139
200,000-299,999	45	15	98.47	3,531,315	55.07	22.29	235,421	14,582
300,000-399,999	68	5	98.82	1,560,000	60.42	16.26	312,000	12,046
400,000-499,999	35	10	99.17	2,255,000	68.15	11.27	451,000	10,591
500,000-999,999 1,000,000-1,999,9	55 56	10 2	99.86 100.00	7,288,778 2,000,000	93.14 100.00	.00	728,877 1,000,000	29,901
TOTAL	35	1,447	.00	29,171,087	.00	.00	20,159	39,836 3,137
•								-,,,,,
Cotal Paid Only		524		Average on	Paid O	nly	\$55,670	

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE SUMMARY BY AMOUNT INDEMNITY PAID FOR EACH DEFENDANT CLAIMS CLOSED IN 1984 PHYSICIANS

INDEMNITY AVG. NO CLAIM CUM% INDEMNITY CUM% CUT AVG INDEMNITY AVG EXPENSE PAID OFF % PER DEFENDANT PER DEFENDANT CUT OFF %

.00 100.00

5,281 .03 98.42

27,267 .18 96.93

31,160 .37 95.54

42,591 .61 94.23

49,684 .90 93.01

55,000 1.22

18,500 1,942 480 1,435 2,396 3,276 4,140 5,000 6,166 7,400 8,333 9,166 12,487 22,327 2,518 3,538 3,714 1,438 3,604 4,317 4,166 74,000 1.76 89.62 6,504 1.91 25,000 27,500 88.55 1,732 2.07 87.51 1,349 512,002 5.05 78.89 4,728 535,868 578,178 8,672 7,088 8.16 71.93 22,327 34.010 11.53 65.89 578,178 597,000 812,739 313,750 382,046 584,819 555,000 3,097,734 2,335,013 910,000 1,855,000 3,760,777 17,185,909 15.00 42,642 50,796 60.84 10,680 9,837 9,204 5,358 7,349 13,549 19.73 56.87 50,796 62,750 76,495 92,500 147,511 233,501 303,333 463,750 626,792 21.56 53.18 23.78 49.68 27.18 46.62 43.98 30.41 48.44 24.79 62.02 15.27 7,336 10,752 9,420 31,512 3,666 9.40 67.32 78.11 4.42 100.00 .00 .00 .00 21,322

Total Paid ONly

277

Average on Paid Only \$62,043

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE SUMMARY BY AMOUNT INDEMNITY PAID FOR EACH DEFENDANT CLAIMS CLOSED IN 1984 HOSPITALS

INDEMNITY PAID		O CLAIM REPORTS	CUM%	INDEMNITY PAID	CUM%	CUT OFF %	AVG INDEMNITY PER DEFENDANT	AVG EXPENSE PER DEFENDANT	
NONE 1-999 1,000-1,999 2,000-2,999 3,000-3,999 4,000-4,999 5,000-5,999 6,000-6,999 7,000-19,999 20,000-29,999 30,000-39,999 40,000-49,999 50,000-69,999 70,000-79,999 100,000-199,999 200,000-299,999 300,000-399,999 400,000-499,999 500,000-999,999 1,000,000-1,999,99	19 30 27 75 28 25 25 38 61 27 37 25 40 49 46 47 56 56	347 25 19 13 9 486 550 10981 3322421 422 512	67.77 72.65 76.36 78.90 80.64 83.00 84.17 85.15 88.08 90.39 93.35 94.14 94.72 97.46 98.63 99.60 100.00	10,098 26,424 31,246 28,745 17,300 40,500 37,813 37,750 214,776 229,500 297,500 353,033 50,000 194,300 213,500 186,666 1,582,726 996,302 650,000 400,000 3,528,001 2,000,000 11,126,180	.00 .09 .32 .60 .86 1.02 1.38 1.72 2.06 3.99 6.05 8.73 11.90 12.35 14.10 16.02 17.69 31.92 40.87 40.87 40.87 40.87	100.00 98.65 97.49 96.47 95.57 94.70 93.92 93.17 92.47 85.03 80.18 76.16 72.81 69.84 67.56 59.83 44.70 34.85 28.11 22.72 .00 .00	403 1,390 2,403 3,193 4,325 5,062 6,302 7,550 14,318 22,950 33,055 44,129 50,000 64,766 71,166 93,333 131,893 249,075 325,000 400,000 882,000 1,000,000 21,730	1,103 1,036 2,382 2,438 1,6662 4,143 6,052 3,494 2,796 6,718 2,306 6,718 2,306 6,718 2,306 12,591 9,489 13,269 13,279 27,483 39,836 2,796	

Total Paid ONly 165 Average on Paid Only \$67,431

TABLE II

Claim Count and Loss Charts

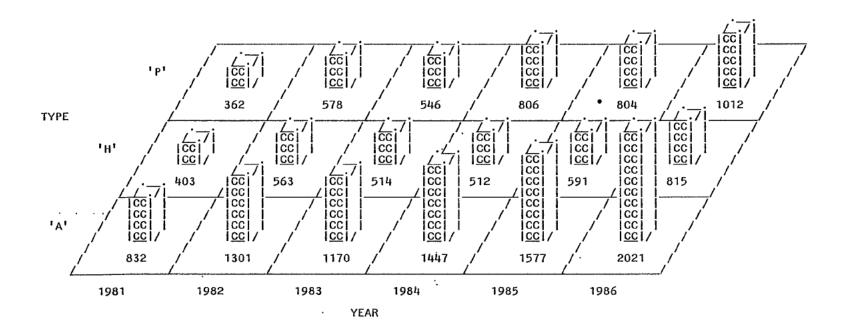
We have in what follows a summary of a few of the significant variables found in Table I here presented as a longitudinal study across the six years from 1981 to 1986 in detail. The block graphs show data for each year for the Physicians' Claims, Hospital Claims and All Claims. The category "All" includes dentists, nurses and other professionals so that "All" is always greater than the sum of Physicians and Hospitals which are the largest two subcomponents.

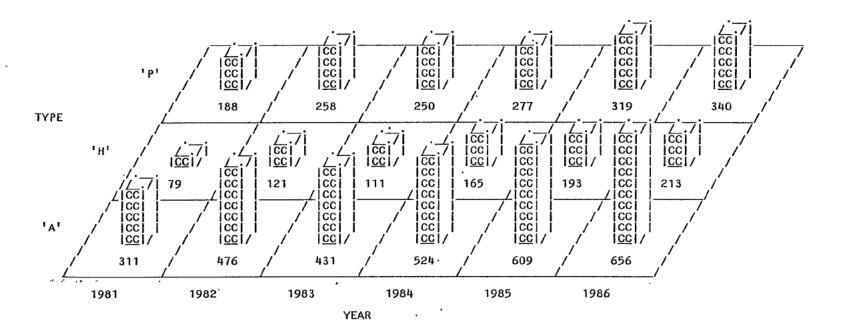
The order of the block graphs is first one of total claims count, including those Closed Without Payment (CWP) and then the claims count, excluding the "CWP's." We then develop the average loss including the "CWP's" and again excluding the "CWP's."

Lastly, we show the total indemnity paid as based upon the closed claim reports submitted to us by cooperating insurers.

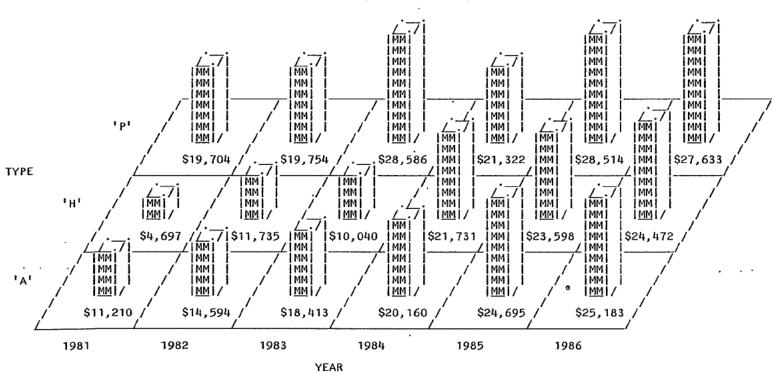
In the table the following applies:

- 'A' represents All Claims
- 'H' represents Hospital only claims
- 'P' represents Physicians only claims



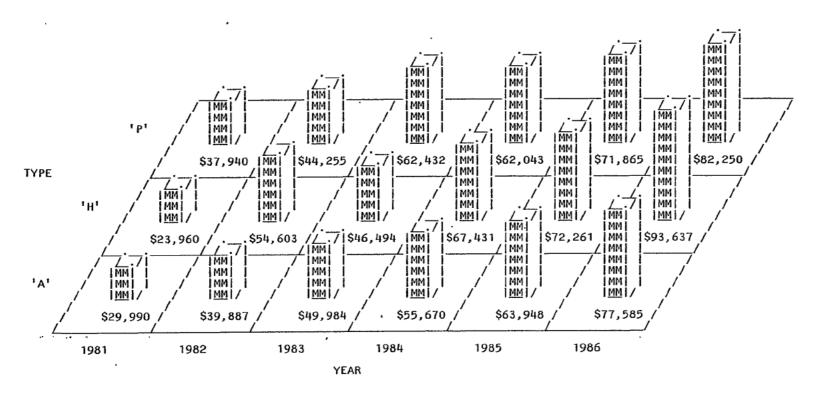


3



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MEAN LOSSES BY YEAR FOR PAID CLAIMS ONLY BLOCK CHART OF PDMEAN



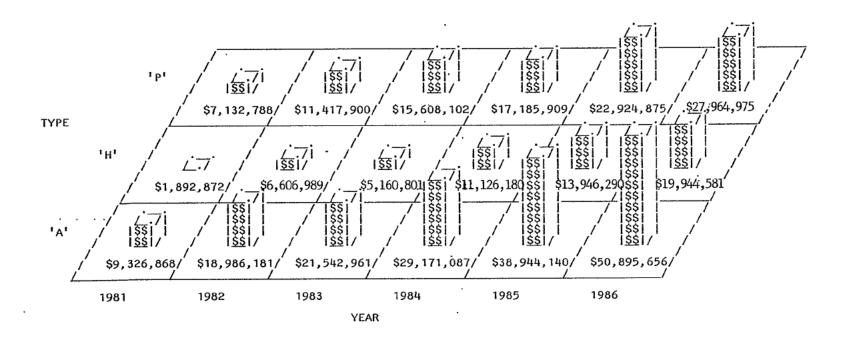


TABLE III

Time Summary from Incident to Report (Amounts Limited to \$100,000)

Table III is primarily a time study as are Tables IV, V and VI. Since all of these tables look quite similar, but represent different aspects of the same issue of time relationships, we shall list how they differ here.

Number	Limited to \$100 K?	Time to Report or Closure?
Table III	Yes	Report
Table IV	No	Report
Table V	Yes	Closure
Table VI	No	Closure

Note that each table is followed immediately by a corresponding table expressed as percentages of the total instead of as counts. As an example, we shall look at all claims for 1986 summarizing the time from the date of incident to the date of first report to the relevant insurer.

We see that 735 of the incidents were reported within six months of the incident that caused the claim. Of these 735, only 209 were finally paid in 1986, although all were closed by definition. The total indemnity for the 735 reported, or 209 paid was \$6,508,901 (which in terms of paid only is an average loss of \$31,143.07). The allocated claim expense paid is the amount of loss adjustment expense paid to close the claim specifically. By specifically, we mean an actual amount tied to the claim and not a factor amount averaged out for all claims.

When we look at the same table in cumulative percentage format, we can see that 95% of the paid incidents were reported in three and one half years (42 months), but only 91% of the losses were in by then. This shows again that the larger losses take longer to be reported.

The limitation that if losses exceed \$100,000 they are set at \$100,000 is a statistical device intended to normalize a positive skewed distribution, which is probably due to the heavy effect of large (slow) claims. The result of this statistical device is to see how the claims would function as a normal distribution.

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO REPORT CLAIMS CLOSED IN 1986 ALL CLAIMS

*RELATED CLAIMS HAVE BEEN CONSOLIDATED AS ONE INCIDENT.
CLAIMS CLOSED WITHOUT PAYMENT ARE INCLUDED.
AMOUNTS FOR EACH INCIDENT HAVE BEEN LIMITED TO \$100,000.

	ME IN NO REPORTED ONTHS · INCIDENTS	NO PAID INCIDENTS	INDEMNITY PAID	PAID ALLOCATED CLAIM EXPENSE	
007 013 . 019 025 031 . 037 . 043 049 055 061 . 067 073 079 091 097 103 115	735 7-012 236 7-012 236 7-018 187 7-024 444 7-030 242 7-030 48 7-042 33 7-048 15 7-054 18 7-054 18 7-066 7 7-072 4 7-072 4 7-072 4 7-078 2 7-078 3 7-084 4 7-096 1 7-100 3 7-100 3 7	209 100 74 147 60 13 11 6 9 1 5 2 2 2 1 1 1 9	6,508,901 2,955,351 2,372,195 6,255,133 2,206,238 357,240 715,000 185,000 40,000 92,350 111,250 35,000 17,000 15,000 15,000 15,000 15,000 571,501 100,000	1,936,795 951,098 994,755 3,068,626 923,681 178,175 136,424 75,091 97,941 10,412 100,249 827 19,337 3,109 26,890 2,030 13,645 146,579 22,274	,
1017	2,020	0,00	20,277,177	0,701,500	

TIME IN MONTHS	NO REPORTED INCIDENTS	NO PAID INCIDENTS	INDEMNITY PAID	PAID ALLOCATED CLAIM EXPENSE	
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 091-096 097-102 103-108 115-120 121-180 181-240 0VER 240	36% 48% 579% 5791% 995% 996% 996% 9977% 998% 988% 988% 9988 9988 9988 99	37%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	200%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	22% 33% 44% 79% 90% 92% 94% 96% 96% 97% 97% 97% 97% 97% 100%	

- 6

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO REPORT CLAIMS CLOSED IN 1986 PHYSICIANS

*RELATED CLAIMS HAVE BEEN CONSOLIDATED AS ONE INCIDENT. CLAIMS CLOSED WITHOUT PAYMENT ARE INCLUDED. AMOUNTS FOR EACH INCIDENT HAVE BEEN LIMITED TO \$100,000.

TIME IN	NO OF REPORTED	NO OF PAID	INDEMNITY	ALLOCATED	
MONTHS	INCIDENTS	INCIDENTS	PAID	CLAIM EXPNS PD	
000-006	188	72	2,959,677	794,752	
007-012	119	52 49	1,882,053	638,354	
013-018	113	49	1,792,826	571,157	
019-024	295	87	4,429,103	1,726,244	
025-030	188	42	1,985,844	730,523	
031-036	30	8	220,250	62,963	
037-042	22	8	560,000	126,088	
043-048	9	3	72,500	66,053	
049-054	12	6	462,500	60,021	
055-060	1				
061-066	6	2	52,100	80,133	
067-072	1	1	100,000	37	
073-078	1	1	15,000 .	16,269	
079-084	2			2,276	
097-102	2		•		
103-108	2	1	100,000	2,030	
115-120	3	1	15,000	13,645	
121-180	15	6	271,501	80,023	
181-240	2	. 1	100,000	22,274	
OVER 240	1				
TOTAL	1,012	340	15,018,354	4,992,842	

				0	
 TIME IN MONTHS	NO OF REPORTED INCIDENTS	NO OF PAID INCIDENTS	INDEMNITY PAID	ALLOCATED CLAIM EXPNS PD	
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 097-102 103-108 115-120 121-180 181-240	18% 30% 41% 70% 8945% 9945% 996% 977% 997% 997% 997% 100%	21%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	192%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	15% 28% 40% 74% 89% 93% 94% 95% 97% 97% 97% 97% 97% 100%	

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MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO REPORT CLAIMS CLOSED IN 1986 HOSPITALS

*RELATED CLAIMS HAVE BEEN CONSOLIDATED AS ONE INCIDENT. CLAIMS CLOSED WITHOUT PAYMENT ARE INCLUDED. AMOUNTS FOR EACH INCIDENT HAVE BEEN LIMITED TO \$100,000.

			·		
TIME IN MONTHS	NO OF REPORTED INCIDENTS	NO OF PAID INCIDENTS	INDEMNITY PAID	ALLOCATED CLAIM EXPNS PD	
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060	473 90 54 119 42 10 6 3 4 5	101 28 18 42 11 3 2 1 2	2,900,649 875,061 465,250 1,309,774 37,394 81,490 145,000 25,000 180,000 40,000	1,020,077 261,200 327,312 1,240,884 168,072 82,781 7,677 2,331 37,920 10,412 16,200	
067-072 091-096 121-180 TOTAL	1 4 815	1 3 213	. 15,000 300,000 6,374,618	26,890 61,892 3,263,648	

				OCATED EXPNS PD
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072	58% 75% 75% 90% 95% 97% 98% 98% 99% 99% 100%	47% 69% 88% 93% 95%% 96% 97% 988% 988% 988%	45% 59% 87% 87% 88% 91% 91% 95% 95% 100%	31% 39% 49% 87% 92% 94% 95% 95% 96% 97% 97% 98%

- 1

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO REPORT CLAIMS CLOSED IN 1985 ALL_CLAIMS

*RELATED CLAIMS HAVE BEEN CONSOLIDATED AS ONE INCIDENT. CLAIMS CLOSED WITHOUT PAYMENT ARE INCLUDED. AMOUNTS FOR EACH INCIDENT HAVE BEEN LIMITED TO \$100,000.

 TIME IN MONTHS	NO REPORTED INCIDENTS	NO PAID INCIDENTS	INDEMNITY PAID	PAID ALLOCATED CLAIM EXPENSE	
000-006 007-012 013-018 019-024 025-030 031-036 037-042	579 257 143 308 167 37	192 115 56 126 65 16	4,286,376 4,107,544 1,391,379 5,832,706 2,213,480 638,672 191,800	1,048,066 1,204,827 654,845 1,736,644 659,467 80,127 85,083	
043-048 049-054 055-060 061-066	6 8 7 4	6 1	525,000 4,000	2,647 27,130 19,881 5,823	
067-072 073-078 079-084 085-090	3 4 4	2 3 3 3	100,500 44,250 155,154 117,000	8,464 9,913 19,896 14,344	
091-096 097-102 103-108 115-120	5 4 1 5	. 4 4 1 3	117,500 202,000 100,000 10,038	11,425 19,528 4,635 3,433	
121-180 TOTAL	8 1,577	5 609	340,698 20,378,097	40,058 5,656,236	

 TIME IN MONTHS	NO REPORTED INCIDENTS	NO PAÍD INCIDENTS	INDEMNITY PAID	PAID ALLOCATED CLAIM EXPENSE	
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102 103-108 115-120 121-180	3568 5632 8945 995 997 997 998 889 999 999 100	31%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	217% 418%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	18% 39% 51% 82% 93% 95% 96% 97% 97% 97% 98% 98% 98% 99% 100%	

1

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO REPORT CLAIMS CLOSED IN 1985 PHYSICIANS

*RELATED CLAIMS HAVE BEEN CONSOLIDATED AS ONE INCIDENT. CLAIMS CLOSED WITHOUT PAYMENT ARE INCLUDED. AMOUNTS FOR EACH INCIDENT HAVE BEEN LIMITED TO \$100,000.

		F PAID DENTS	INDEMNITY PAID	ALLOCATED CLAIM EXPNS PD
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096	148 145 80 225 123 26 12 6 7 4 2	58 60 23 91 47 11 2 6 ·	2,054,208 2,890,479 1,020,300 4,843,623 1,717,330 587,422 190,000 525,000 4,000 100,000 44,250 155,154 117,000 117,500	547,965 789,812 479,688 1,376,024 470,731 65,921 69,056 2,647 27,130 16,303 337 7,872 9,913 19,896 14,344 11,425 15,062
197-102 103-108 115-120 121-180 DTAL	1 4 1 804	1 · 3	200,000 100,000 10,038 14,676,304	4,635 3,433 2,672 3,934,866

TIME IN MONTHS	NO OF REPORTED INCIDENTS	NO OF PAID INCIDENTS	INDEMNITY PAID	ALLOCATED CLAIM EXPNS PD	
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102 103-108 115-120 121-180	18% 46% 44% 49% 994% 995% 9966% 997% 999% 999% 999% 100%	18% 36% 442% 877% 901% 901% 933% 933% 933% 944% 96% 98% 100%	13%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	13% 33%% 46% 81%% 996% 997% 997% 998% 999% 999% 100	

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MISSOUR! DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO REPORT CLAIMS CLOSED IN 1985 HOSPITALS

*RELATED CLAIMS HAVE BEEN CONSOLIDATED AS ONE INCIDENT.
CLAIMS CLOSED WITHOUT PAYMENT ARE INCLUDED.
AMOUNTS FOR EACH INCIDENT HAVE BEEN LIMITED TO \$100,000.

TIME IN	NO OF REPORTED	NO OF PAID	INDEMNITY	ALLOCATED	
MONTHS	INCIDENTS	INCIDENTS	PAID	CLAIM EXPNS PD	
000-006 007-012 013-018 019-024 025-030 031-036 037-042 055-060 061-066 067-072	348 86 38 64 28 9 3 3 2	94 38 17 26 9	2,029,832 866,176 280,455 780,500 198,800 43,750	421,765 249,339 116,554 325,105 129,745 13,274 9,539 3,578 5,486	
097-102	2	2	2,000	4,466	
121-180	6	4	340,000	37,386	
TOTAL	591	193	4,541,513	1,316,237	

TIME IN MONTHS	NO OF REPORTED INCIDENTS	NO OF PAID INCIDENTS	INDEMNITY PAID	ALLOCATED CLAIM EXPNS PD	
000-006 007-012 013-018 019-024 025-030 031-036 037-042 055-060 061-066 067-072 085-090 097-102 121-180	58% 73% 790% 95% 967% 97% 98% 98% 98% 100%	48% 68% 77% 90% 95% 96% 96% 96% 96% 96%	43%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	32% 50% 59% 84% 94% 96% 96% 96% 100%	

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MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO REPORT CLAIMS CLOSED IN 1984 ALL CLAIMS

*RELATED CLAIMS HAVE BEEN CONSOLIDATED AS ONE INCIDENT. CLAIMS CLOSED WITHOUT PAYMENT ARE INCLUDED. AMOUNTS FOR EACH INCIDENT HAVE BEEN LIMITED TO \$100,000.

 TIME IN MONTHS	NO REPORTED INCIDENTS	NO PAID INCIDENTS	INDEMNITY PAID	PAID ALLOCATED CLAIM EXPENSE	
 000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102 103-108	626 206 142 233 124 31 24 7 10 7 3 3 2 5	201 82 62 98 36 11 10 6 2 4 2	5,144,275 2,014,985 2,276,561 2,671,398 1,366,500 330,275 79,100 315,100 85,000 335,000 35,000 49,327 8,250	1,206,279 533,500 659,330 1,106,150 520,251 147,551 46,372 52,777 16,450 181,385 1,765 15,400 7,500 28,216 1,404 408 79 14,454	
121-180 181-240 OVER 240 TOTAL	3 1 1 1,443	1 1 524	2,467 2,500 14,855,534	4,539,271	

,	TIME IN MONTHS	NO REPORTED INCIDENTS	NO PAID INCIDENTS	INDEMNITY PAID	PAID ALLOCATED CLAIM EXPENSE	
	000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102 103-108 121-180 181-240 0VER 240	43% 567% 83% 92% 94% 96% 977% 977% 98% 98% 98% 98% 99% 99% 100%		3483%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	26% 38% 52% 77% 88% 91% 94% 94% 94% 98% 98% 98% 99% 100% 100% 100%	

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO REPORT CLAIMS CLOSED IN 1984 PHYSICIANS

*RELATED CLAIMS HAVE BEEN CONSOLIDATED AS ONE INCIDENT. CLAIMS CLOSED WITHOUT PAYMENT ARE INCLUDED. AMOUNTS FOR EACH INCIDENT HAVE BEEN LIMITED TO \$100,000.

TIME I MONTHS		NO OF PAID INCIDENTS	INDEMNITY PAID	ALLOCATED CLAIM EXPNS PD	
000-006 007-012 013-018	117	78 39 40	2,926,643 1,207,800 1,495,461	760,541 272,955 435,462	
019-024 025-030 031-036 037-042	95 25	65 26 8	1,998,491 1,067,500 225,900	801,431 358,044 121,949	
037-042 043-048 049-054 055-060	9	3 1 . 2	63,500 207,000 75,000 135,000	29,473 37,762 15,779 60,379	
061-066 067-072 073-078	2 3 1	2	35,000	1,765 15,400 7,500	
079-084 085-090 091-096	4 2	2	. 41,827 6,000	. 19,373 1,404	
097-102 103-108 121-180 181-240	5 1	3	139,796 2,467	79 14,454	
TOTAL	803	277	9,627,385	2,953,750	

Cumulative Percentages

TIME IN MONTHS	NO OF REPORTED INCIDENTS	NO OF PAID INCIDENTS	INDEMNITY PAID	ALLOCATED CLAIM EXPNS PD	
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102 103-108 121-180 181-240	30%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	28% 42% 56% 89% 94% 95% 96% 977% 978% 98% 98% 98% 98% 99%		25% 34% 49% 76% 88% 93% 914% 95% 97% 98% 98% 99% 99% 100% 100%	

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MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO REPORT CLAIMS CLOSED IN 1984 HOSPITALS

*RELATED CLAIMS HAVE BEEN CONSOLIDATED AS ONE INCIDENT. CLAIMS CLOSED WITHOUT PAYMENT ARE INCLUDED. AMOUNTS FOR EACH INCIDENT HAVE BEEN LIMITED TO \$100,000.

 TIME IN MONTHS	NO OF REPORTED INCIDENTS	NO OF PAID INCIDENTS	INDEMNITY PAID	ALLOCATED CLAIM EXPNS PD	_
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 055-060 061-066	310 71 33 60 18 5 3 1 4	80 29 18 25 5 2 1 1	1,770,691 611,143 760,150 640,167 273,500 102,500 1,000 100,000 200,000	402,290 200,537 216,785 293,216 139,915 23,664 16,007 14,741 121,006	
073-078 079-084 121-180 OVER 240 TOTAL	1 1 2 1 511	1 1 165	7,500 2,500 4,469,151	3,800 1,431,961	

TIME IN MONTHS	NO OF REPORTED INCIDENTS	NO OF PAID INCIDENTS	INDEMNITY PAID	ALLOCATED CLAIM EXPNS PD	
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 055-060 061-066 073-078 079-084 121-180 OVER 240	60% 74% 81% 92% 96% 97% 98% 98% 99% 99% 99%	48% 66% 76% 92% 95% 96% 96% 98% 98% 98% 99%	39% 53% 53% 84% 90% 933% 99% 99% 99% 99% 100%	28% 42% 57% 77% 87% 89% 99% 99% 100% 100%	

TABLE IV

Time Summary from Incident to Report (No Limits on Amounts)

These tables are identical to those preceding, except that the device of using a limit is ended so that we can see the full effect of all the claims at full value.

We see in the first example that 95% of the paid incidents were reported in 42 months as before, but that the total indemnity has increased from \$23,299,159 to \$50,895,656 due to dropping the limit of \$100,000.

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO REPORT CLAIMS CLOSED IN 1986 ALL CLAIMS

*RELATED CLAIMS HAVE BEEN CONSOLIDATED AS ONE INCIDENT. CLAIMS CLOSED WITHOUT PAYMENT ARE INCLUDED.

TIME IN MONTHS	NO REPORTED INCIDENTS	NO PAID INCIDENTS	INDEMNITY PAID	PAID ALLOCATED CLAIM EXPENSE	
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 091-096 097-102 103-108 115-120 121-180 181-240 OVER 240 TOTAL	735 236 187 444 242 48 33 15 18 7 12 4 2 4 1 3 20 3 20	209 100 74 147 60 13 11 6 9 1 5 2 2 2 1 1 1 9	16,552,371 4,784,733 3,974,225 15,148,286 5,778,269 457,240 1,265,359 185,000 1,094,500 40,000 92,350 211,250 35,000 17,000 15,000 15,000 992,823 133,750 50,895,656	1,936,795 951,098 994,755 3,068,626 923,681 178,175 136,424 75,091 97,941 10,412 100,249 827 19,337 3,109 26,890 2,030 13,645 146,579 22,274	
I O I / IL	2,020	0,7,7	20,022,020	-, , , , , ,	

 TIME IN MONTHS	NO REPORTED INCIDENTS	NO PAID INCIDENTS	INDEMNITY PAID	PAID ALLOCATED CLAIM EXPENSE	
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 091-096 091-096 097-102 103-108 115-120 121-180 181-240	36% 48% 57%% 935%% 99778%%%%%% 997788%%%%%%%%%%%%%%%%%%%	31% 47% 48% 90% 92% 934% 96% 96% 977% 98% 98% 98% 90% 100%	32% 41% 49%% 79%% 90%% 914%% 96%% 97%% 977% 977% 977% 977% 977% 97	22% 34% 49% 49% 790% 994% 9967% 9977% 9977% 9977% 997% 997% 100%	

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO REPORT CLAIMS CLOSED IN 1986 PHYSICIANS

*RELATED CLAIMS HAVE BEEN CONSOLIDATED AS ONE INCIDENT. CLAIMS CLOSED WITHOUT PAYMENT ARE INCLUDED.

TIME IN MONTHS	NO OF REPORTED INCIDENTS	NO OF PAID INCIDENTS	INDEMNITY PAID	ALLOCATED CLAIM EXPNS PD	
000-006	188	72.	7,028,635	794,752	
007-012	119	52 49	3,141,435	638,354	
013-018	113	49	2,387,826	571,157	
019-024	295	87	6,976,603	1,726,244	
025-030	188	42	5,532,875	730,523	
031-036	30	8	320,250	62,963	
037-042	22	8	860,000	126,088	
043-048	9	3	72,500	66,053	
049-054	12	6	857,500	60,021	
055-060	1				
061-066	6	2	52,100	80,133	
067 - 072	1	1	200,000	37	
073-078	1	1	15,000	16,269	
079-084	2			2,276	
097-102	2			•	
103-108	2	1	. 100,000	2,030	
115-120	3	1	15,000	13,645	
121-180	15	6	271,501	80,023	
181-240	2	1	133,750	22,274	
OVER 240	1			,	
TOTAL	1,012	340	27,964,975	4,992,842	

TIME IN MONTHS	NO OF REPORTED INCIDENTS	NO OF PAID INCIDENTS	INDEMNITY PAID	ALLOCATED CLAIM EXPNS PD	
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084	18% 30% 41% 70% 89% 92% 94% 95% 96% 97% 97%	21% 36% 50% - 88% 91% 93% 94% 96% 96% 97% 97%	25%% 44%% 689%%%%% 977%%%%% 988% 988%	15% 28% 40% 74% 89% 90% 93% 94% 95% 97% 97% 97%	
103-108 115-120 121-180 181-240	97% 98% 99% 99%	97% 97% 99% 100%	98% 98% 99% 100%	97% 97% 99% 100%	
OVER 240	100%	100%	100%	100%	

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO REPORT CLAIMS CLOSED IN 1986 HOSPITALS

*RELATED CLAIMS HAVE BEEN CONSOLIDATED AS ONE INCIDENT. CLAIMS CLOSED WITHOUT PAYMENT ARE INCLUDED.

 TIME IN MONTHS	NO OF REPORTED INCIDENTS	NO OF PAID INCIDENTS	 INĎEMNITY PAID	ALLOCATED CLAIM EXPNS PD	
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072	473 90 54 119 42 10 6 3 4 5 2	101 28 18 42 11 3 2 1 2	 8,029,161 1,410,061 1,432,250 7,521,544 37,394 81,490 395,359 25,000 236,000 40,000	1,020,077 261,200 327,312 1,240,884 168,072 82,781 7,677 2,331 37,920 10,412 16,200	
121-180 TOTAL	4 815	3 213	721,322 19,944,581	61,892 3,263,648	

TIME IN MONTHS	NO OF REPORTED INCIDENTS	NO OF PAID INCIDENTS	INDEMNITY PAID	ALLOCATED CLAIM EXPNS PD	
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 091-096 121-180	58% 69% 75% 905% 95% 97% 98% 98% 99% 100%	47% 60% 69% 88% 93% 95% 96% 96% 98% 98% 98%	40% 47%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	31% 39% 49% 87% 92% 95% 95% 96% 97% 97% 98%	

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO REPORT CLAIMS CLOSED IN 1985 ALL CLAIMS

*RELATED CLAIMS HAVE BEEN CONSOLIDATED AS ONE INCIDENT. CLAIMS CLOSED WITHOUT PAYMENT ARE INCLUDED.

TIME I MONTHS		NO PAID INCIDENTS	INDEMNITY PAID	PAID ALLOCATED CLAIM EXPENSE	
000-006 007-012 013-018 019-024 025-030 031-036	257 143 308 167	192 115 56 126 65 16	6,705,642 6,336,393 1,817,005 15,051,459 4,352,029 773,672	1,048,066 1,204,827 654,845 1,736,644 659,467	
037-042 043-048 049-054 055-060	21 6 8 7	6	291,800 725,000	85,083 2,647 27,130 19,881	
061-066 067-072 073-078 079-084	3 4 4	1 2 3 3	4,000 100,500 44,250 255,154	5,823 8,464 9,913 19,896	
085-090 091-096 097-102 103-108 115-120	5 4 1	3 4 4 1 3	117,000 217,500 202,000 100,000 10,038	14,344 11,425 19,528 4,635 3,433	
121-180 TOTAL		5 609	1,840,698 38,944,140	40,058 5,656,236	

TIME IN MOREPORTED NO PAID INDEMNITY PAID ALLOCATED CLAIM EXPENSE 000-006 36% 31% 17% 18% 007-012 53% 50% 33% 39% 013-018 62% 59% 38% 51% 019-024 81% 80% 76% 82% 025-030 92% 90% 87% 93% 031-036 94% 93% 89% 95% 037-042 95% 94% 90% 96% 043-048 96% 94% 90% 96% 049-054 96% 95% 92% 97% 055-060 97% 95% 92% 97% 061-066 97% 95% 92% 97% 067-072 97% 95% 92% 97% 073-078 97% 96% 96% 92% 97% 079-084 98% 96% 93% 98% 091 98% 091-096 98% 97% 93% 98% 091 091	 					
007-012 53% 50% 33% 39% 013-018 62% 59% 38% 51% 019-024 81% 80% 76% 82% 025-030 92% 90% 87% 93% 031-036 94% 93% 89% 95% 037-042 95% 94% 90% 96% 043-048 96% 94% 90% 96% 049-054 96% 95% 92% 97% 055-060 97% 95% 92% 97% 061-066 97% 95% 92% 97% 067-072 97% 95% 92% 97% 073-078 97% 96% 92% 97% 079-084 98% 96% 93% 98% 085-090 98% 97% 93% 98%						
097-102 99% 98% 94% 99% 103-108 99% 98% 95% 99% 115-120 99% 99% 95% 99% 121-180 100% 100% 100% 100%	007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102 103-108	53%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	558934458%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	3386%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	39% 51% 82% 93% 96% 97% 97% 97% 97% 98% 98% 99%	

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO REPORT CLAIMS CLOSED IN 1985 PHYSICIANS

*RELATED CLAIMS HAVE BEEN CONSOLIDATED AS ONE INCIDENT. CLAIMS CLOSED WITHOUT PAYMENT ARE INCLUDED.

 TIME IN MONTHS	NO OF REPORTED INCIDENTS	NO OF PAID INCIDENTS	INDEMNITY PAID .	ALLOCATED CLAIM EXPNS PD	
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102 103-108 115-120	148 145 80 225 123 26 12 6 7 4 2 1 . 4 3 55 2	58 60 23 91 47 11 2 6 1 3 3 3 4 2	3,193,342 3,925,154 1,445,926 8,636,710 2,938,379 722,422 290,000 725,000 4,000 100,000 44,250 255,154 117,000 217,500 200,000 100,000 100,038	547,965 789,812 479,688 1,376,024 470,731 65,921 69,056 2,647 27,130 16,303 337 7,872 9,913 19,896 14,344 11,425 15,062 4,635 3,433 2,672	
TOTAL	804	319	22,924,875	3,934,866	

Cumulative Percentages

 TIME IN MONTHS	NO OF REPORTED INCIDENTS	NO OF PAID INCIDENTS	INDEMNIŤY PAID	ALLOCATED CLAIM EXPNS PD	
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102 103-108	18%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	18%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	13%% 317%% 317%% 875%% 991% 995%% 995%% 995%% 997% 9967% 999% 100%	13% 33% 46% 81% 946% 9777 9777 9778 988 999% 999%	
121-180	100%	100%	100%	100%	

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MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO REPORT CLAIMS CLOSED IN 1985 HOSPITALS

*RELATED CLAIMS HAVE BEEN CONSOLIDATED AS ONE INCIDENT. CLAIMS CLOSED WITHOUT PAYMENT ARE INCLUDED.

	IE IN NO OF REPORTE THS INCIDENTS	ED NO OF PAID INCIDENTS	INDEMNITY PAID	ALLOCATED CLAIM EXPNS PD	• •
000- 007- 013- 019- 025- 031- 037- 055- 061- 067-	012 86 018 38 024 64 030 28 036 9 042 3 060 3 066 2 072 1	94 38 17 26 9 3	3,309,964 1,271,176 280,455 6,100,145 1,098,800 43,750	421,765 249,339 116,554 325,105 129,745 13,274 9,539 3,578 5,486	. ;
085- 097- 121- TOTAL	102 180 6	2 4 193	2,000 1,840,000 13,946,290	4,466 37,386 1,316,237	

		, 			
TIME IN MONTHS	NO OF REPORTED INCIDENTS	NO OF PAID INCIDENTS	INDEMNITY PAID	ALLOCATED CLAIM EXPNS PD	
000-006 007-012 013-018 019-024 025-030 031-036 037-042 055-060 061-066 067-072 085-090 097-102 121-180	58% 73% 79% 90% 95% 97% 97% 98% 98% 98%	48% - 77% 905% 95% 96% 96% 96% - 96% 100%	23% 324% 786% 86% 866% 866% 866% 866% 860%	32% 50% 59% 84% 94% 95% 96% 96% 96% 96%	

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO REPORT CLAIMS CLOSED IN 1984 ALL: CLAIMS

*RELATED CLAIMS HAVE BEEN CONSOLIDATED AS ONE INCIDENT. CLAIMS CLOSED WITHOUT PAYMENT ARE INCLUDED.

TIME IN MONTHS	NO REPORTED INCIDENTS	NO PAID INCIDENTS	INDEMNITY PAID	PAID ALLOCATED CLAIM EXPENSE	
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-054 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102 103-108 121-180	626 206 142 233 124 31 24 7 10 7 3 3 2 5 4	201 82 62 98 36 11 10 6 2 4 2	10,090,409 3,942,582 3,237,458 5,139,127 3,483,726 1,317,275 79,100 925,100 85,000 633,970 35,000 49,327 8,250 139,796	1,206,279 533,500 659,330 1,106,150 520,251 147,551 46,372 52,777 16,450 181,385 1,765 15,400 7,500 28,216 1,404 408 79 14,454	
181-240 OVER 240 TOTAL	1 1 1,443	1 1 524	2,467 2,500 29,171,087	4,539,271	

TIME IN MONTHS INCIDENTS INCIDENTS PAID CLAIM EXPENSE 000-006	 					
007-012 57% 54% 48% 38% 013-018 67% 65% 59% 52% 019-024 83% 84% 76% 77% 025-030 92% 91% 88% 88% 031-036 94% 93% 93% 91% 037-042 96% 95% 93% 92% 043-048 96% 96% 94% 049-054 97% 96% 94% 049-054 97% 96% 97% 055-060 97% 97% 99% 98% 067-072 98% 99% 98% 067-072 98% 98% 99% 98% 073-078 98% 98% 99% 99% 079-084 98% 98% 99% 99% 091-096 99% 99% 99% 99% 097-102 99% 99% 99% 99% 103-108 99% 99% 99% 100% 121-180 99% 99% 99% 100%						
	007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102 103-108 121-180 181-240	5773%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	568999999999999999999999999999999999999	45783%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	382778%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	

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· MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO REPORT CLAIMS CLOSED IN 1984 PHYSICIANS

*RELATED CLAIMS HAVE BEEN CONSOLIDATED AS ONE INCIDENT. CLAIMS CLOSED WITHOUT PAYMENT ARE INCLUDED.

TIME IN	NO OF REPORTED	NO OF PAID	INDEMNITY	ALLOCATED	
MONTHS	INCIDENTS	INCIDENTS .	PAID	CLAIM EXPNS PD	
000 006	240	70	£ 12h 777	760 511	
000-006	248	10	6,134,777	760,541	
007-012	117	39	1,842,064	272,955	
013-018	100	40	1,871,358	435,462	
· 019-024	161	65	4,311,494	801,431	
025-030	95	78 39 40 65 26	1,384,726	358,044	
031-036	95 25	8	325,900	121,949	
037-042	17	6	63,500	29,473	
043-048	4	3	817,000	37,762	
049-054	ó	ĭ	75,000	15,779	
055-060	á	2	135,000	60,379	
	ž	2	35,000	1,765	
061-066	2	2	35,000	1,100	
067-072	3			15,400	
073-078	1			7,500	
079-084	2	2	41,827	19,373	
085-090	14			1,404	
091-096	2	1	6,000	•	
097-102	3			79	
103-108	5	3	139,796	14,454	:
121-180	Ī	_	,	- 7, 12 .	,
181-240	1	1	2,467		
TOTAL	803	277	17,185,909	2,953,750	

TIME IN MONTHS	NO OF REPORTED INCIDENTS	NO OF PAID INCIDENTS	INDEMNITY PAID	ALLOCATED CLAIM EXPNS PD	
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102 103-108 121-180 181-240	30% 35% 577% 577% 925% 955% 977% 977% 988% 999% 100%	2456% 82% 456% 456% 456% 456% 456% 456% 456% 456	34572%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	25% 34% 49% 76% 88% 93% 995% 97% 98% 98% 98% 99% 100% 100%	

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MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO REPORT CLAIMS CLOSED IN 1984 HOSPITALS

*RELATED CLAIMS HAVE BEEN CONSOLIDATED AS ONE INCIDENT. CLAIMS CLOSED WITHOUT PAYMENT ARE INCLUDED.

 TIME IN MONTHS	NO OF REPORTED INCIDENTS	NO OF PAID INCIDENTS	INDEMNITY PAID	ALLOCATED CLAIM EXPNS PD	
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 055-060	310 71 33 60 18 5 3 1	80 29 18 25 5 2 1 1	3,408,691 1,904,476 1,345,150 794,893 2,073,500 989,500 1,000 100,000 498,970	402,290 200,537 216,785 293,216 139,915 23,664 16,007 14,741 121,006	
031-038 073-078 079-084 121-180 0VER 240 TOTAL	1 1 2 1 511	1 · 1 165	7,500 2,500 11,126,180	3,800 1,431,961	

TIME II MONTHS	NO OF REPORT	TED NO OF PA INCIDENT		TY ALLOCATED CLAIM EXPNS P	D
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 · 055-060 061-066 073-078 079-084 121-180	60% 74% 81% 92% 96% 97% 97% 98% 98% 99% 100%	48% 66% 76% 92% 95% 96% 97% 98% 98% 99% 100%	30% 47% 59% 66% 85% 94% 99% 99% 99% 100%	28% 42% 57% 77% 87% 90% 90% 91% 99% 100% 100%	

TABLE V

Time Summary from Incident to Closure (Amounts Limited to \$100,000)

As in the prior tables, we have the time distribution presented here for the history of each claim from the date on which the event causing the loss occurred to the date on which the claim was fully resolved by the insurance company; i.e., the date of closure. This time lag represents the full life of the claim and is very significant as to the need for insurers to develop adequate loss reserves so that they can predict what the ultimate losses will be for risks generating a set premium at the beginning of the exposure period. This time lag is important both for the number of claims (frequency) and for the amount of loss (severity), remembering that generally the large losses take longer to mature and are harder to predict.

On this table claims are held to a maximum value of \$100,000 as a statistical cutoff device to moderate degree of skew.

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO CLOSURE CLAIMS CLOSED IN 1986 ALL CLAIMS

*RELATED CLAIMS HAVE BEEN CONSOLIDATED AS ONE INCIDENT. CLAIMS CLOSED WITHOUT PAYMENT ARE INCLUDED. AMOUNTS FOR EACH INCIDENT HAVE BEEN LIMITED TO \$100,000.

_ :	1				
	TIME IN MONTHS	NO REPORTED	NO PAID INCIDENTS	INDEMŇITY PAID	PAID ALLOCATED CLAIM EXPENSE
	000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102 103-108 109-114 115-120 121-180 181-240 0VER 240 TOTAL	178 299 137 124 156 136 166 154 163 137 131 76 32 37 21 10 13 5 6 3 22 13 12,020	48 61 40 48 417 5728 447 106 51 71 1295 655	562,654 1,091,539 776,831 1,097,520 951,102 2,038,372 2,062,535 2,767,201 3,624,562 2,304,484 2,203,313 1,112,705 216,690 754,850 217,000 100,000 241,300 100,000 40,000 554,000 382,501 23,299,159	5,493 138,192 103,475 155,735 237,779 502,981 897,579 1,159,216 1,260,874 930,470 834,112 670,776 496,941 303,404 330,786 115,940 136,080 55,915 41,431 47,085 156,002 127,672 8,707,938

L						
	TIME IN MONTHS	NO REPORTED INCIDENTS	NO PAID INCIDENTS	INDEMNITY PAID	PAID ALLOCATED CLAIM EXPENSE	
	000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102 103-108 109-114 115-120 121-180 181-240 OVER 240	830640964181356677888990 23345566788899999999999999999999999999999999	76%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	27%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%		

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO CLOSURE CLAIMS CLOSED IN 1986 PHYSICIANS

*RELATED CLAIMS HAVE BEEN CONSOLIDATED AS ONE INCIDENT. CLAIMS CLOSED WITHOUT PAYMENT ARE INCLUDED.
AMOUNTS FOR EACH INCIDENT HAVE BEEN LIMITED TO \$100,000.

	TIME IN MONTHS	NO OF REPORTED INCIDENTS	NO OF PAID INCIDENTS	INDEMNITY . PAID	ALLOCATED CLAIM EXPNS PD
(000-006	. 28	11	283,940	4,304
Ċ	007-012	. 28 61	23	625,544	111,073
(013-018	41	15	213,920	11,511
(019-024	53	21	629,454	68,513
(025-030	53 71	18	359,750	140,059
(031-036	79	23	1,265,750	216,723
(037-042	111	35	1,417,337	596,633
(043-048	100	42	1,882,419	609,939
(049-054	106	43	2,718,112	720,138
(055-060	97	27	1,337,000	541,813
(061-066	99	30	1,796,304	493,873
(067 - 072	50	15	700,533	489,413
(073-078	19	1	71,690	236,625
(079-084	26	12	670,100	212,108
(085-090	15	1	75,000	105,390
(091-096	9	1	100,000	111,840
(097-102	9	5	235,000	99,474
	103-108	3			1,235
	109-114	5	1	100,000	28,155
	115 - 120	1			9,087
	121 - 180	20	7	354,000	123,820
	181-240	8	3	182,501	61,116
	VER 240	. 1			
TO	OTAL	1,012	340	15,018,354	4,992,842
			•		

 TIME IN MONTHS	NO OF REPORTED INCIDENTS	NO OF PAID INCIDENTS	INDEMNITY PAID	ALLOCATED CLAIM EXPNS PD	
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 0055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102 103-108 109-114 115-120 121-180 181-240 VER 240	%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	3040522575498%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	1%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO CLOSURE CLAIMS CLOSED IN 1986 HOSPITALS

*RELATED CLAIMS HAVE BEEN CONSOLIDATED AS ONE INCIDENT. CLAIMS CLOSED WITHOUT PAYMENT ARE INCLUDED. AMOUNTS FOR EACH INCIDENT HAVE BEEN LIMITED TO \$100,000.

TIME IN MONTHS	NO OF REPORTED	NO OF PAID INCIDENTS	INDEMNITY PAID	ALLOCATED . CLAIM EXPNS PD	
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 097-102 103-108 109-114 115-120 121-180	116 216 84 56 64 44 40 41 44 32 25 18 13 7 3 2	22 25 18 18 14 19 12 20 17 16 11 7 3 2	235,022 405,820 538,698 348,983 277,927 544,172 468,490 509,813 630,950 915,984 286,759 370,700 145,000 53,500 100,000 2,800 100,000 40,000 200,000 200,000	788 22,636 91,964 56,984 66,201 263,787 247,441 456,483 469,381 379,675. 280,617 156,668 260,316 79,149 223,301 8,229 54,680 13,276 37,998 32,182 61,892	
181 - 240 TOTAL	815	213	6,374,618	3,263,648	

 TIME IN MONTHS	NO OF REPORTED	NO OF PAID INCIDENTS	INDEMNITY PAID	ALLOCATED CLAIM EXPNS PD	
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 097-102 103-108 109-114 115-120 121-180 181-240	1407%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	720854097403456677890 020854097403456677890 199999999999999999999999999999999999	3%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	•

MISSOUR! DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO CLOSURE CLAIMS CLOSED IN 1985 ALL CLAIMS

*RELATED CLAIMS HAVE BEEN CONSOLIDATED AS ONE INCIDENT.
CLAIMS CLOSED WITHOUT PAYMENT ARE INCLUDED.
AMOUNTS FOR EACH INCIDENT HAVE BEEN LIMITED TO \$100,000.

TIME IN	NO REPORTED	NO PAID	INDEMNITY	PAID ALLOCATED
MONTHS	INCIDENTS	INCIDENTS	PAID	CLAIM EXPENSE
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102 103-108 109-114 115-120 121-180 181-240	146 203 131 115 127 109 146 121 103 109 78 43 36 29 13 16 4 12 6 2 26 2	51 47 47 39 40 39 601 52 47 33 177 14 55 2 85 15 29	396,120 574,903 722,141 1,212,514 1,267,065 1,003,381 2,286,696 2,753,205 2,407,489 1,883,674 1,404,600 947,117 576,080 771,472 274,500 272,750 121,500 377,500 110,154 100,000 765,236 150,000 20,378,097	6,158 35,562 78,323 192,167 234,018 435,453 649,658 718,081 689,914 715,382 458,364 456,438 237,796 250,412 156,108 92,993 37,792 47,831 17,072 7,630 130,728 8,356 5,656,236

 TIME IN MONTHS	NO REPORTED INCIDENTS	NO PAID INCIDENTS	INDEMNITY PAID	PAID ALLOCATED CLAIM EXPENSE	
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102 103-108 109-114 115-120	%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	8640%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	148%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	25%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	
121-180 181-240	99% 100%	99% 100%	99% . 100%	97% 99% 100%	

MISSOUR! DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO CLOSURE CLAIMS CLOSED IN 1985 PHYSICIANS

*RELATED CLAIMS HAVE BEEN CONSOLIDATED AS ONE INCIDENT. CLAIMS CLOSED WITHOUT PAYMENT ARE INCLUDED. AMOUNTS FOR EACH INCIDENT HAVE BEEN LIMITED TO \$100,000.

			O OF PAID NCIDENTS	INDEMNITY PAID	ALLOCATED CLAIM EXPNS PD	_
000 007 015 025 037 045 045 067 067 077 085 097 097 103 104	DNTHS IN 100000000000000000000000000000000000			PAID 128,658 228,188 206,166 851,475 697,115 440,251 1,386,197 2,128,335 1,868,989 1,632,041 1,184,750 824,145 553,830 720,972 274,500 269,000 121,500 377,500 110,154 100,000 522,538	CLAIM EXPNS PD 4,392 11,869 43,111 142,837 135,864 159,768 410,852 495,295 506,835 553,633 286,392 387,766 174,702 212,864 120,136 91,644 37,792 47,831 17,792 47,831 17,072 2,144 83,711	-
TOTA	1-240 \L	804	319 .	50,000 14,676,304	8,356 3,934,866	

TIME IN MONTHS	NO OF REPORTED INCIDENTS	NO OF PAID INCIDENTS	INDEMNITY PAID	ALLOCATED CLAIM EXPNS I	PD
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102 103-108 109-114 115-120 121-180 181-240	1%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	25%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	7%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	

MISSOURI PEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO CLOSURE CLAIMS CLOSED IN 1985 HOSPITALS

*RELATED CLAIMS HAVE BEEN CONSOLIDATED AS ONE INCIDENT. CLAIMS CLOSED WITHOUT PAYMENT ARE INCLUDED. AMOUNTS FOR EACH INCIDENT HAVE BEEN LIMITED TO \$100,000.

TIME MONTH		NO OF PAID INCIDENTS	INDEMNITY PAID	ALLOCATED CLAIM EXPNS PD	
000-00 007-01 013-01 019-02 025-03 031-03 037-04 043-04 049-05 055-06 061-06 067-07 073-07 079-08 085-09 091-09	140 84 40 66 66 63 84 26 43 84 26 21 17 18 10 8 4 5 6 10 10 10 10 10 10 10 10 10 10	23 24 14 13 15 22 14 13 8 12 2 3	197,866 248,159 456,453 212,035 481,150 325,730 808,750 410,620 533,000 129,500 214,500 109,500 22,250 50,000	1,766 21,649 30,833 37,499 79,216 90,725 227,337 131,125 172,513 161,499 63,560 45,094 36,956 35,972 5,486 44,752	
181-24 TOTAL	591	193	100,000 4,541,513	1,316,237	

	TIME IN MONTHS	NO OF REPORTED INCIDENTS	NO OF PAID INCIDENTS	INDEMNITY PAID	ALLOCATED CLAIM EXPNS PD	
•	000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 115-120 121-180	17% 433%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	12345567888999999999999999999999999999999999		7% 1%% 46% 12%% 1377% 377% 460% 70%% 8870% 9866% 9966% 906%	
	181-240	100%	100%	100%	100%	

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO CLOSURE CLAIMS CLOSED IN 1984 ALL CLAIMS

*RELATED CLAIMS HAVE BEEN CONSOLIDATED AS ONE INCIDENT. CLAIMS CLOSED WITHOUT PAYMENT ARE INCLUDED. AMOUNTS FOR EACH INCIDENT HAVE BEEN LIMITED TO \$100,000.

TIME IN MONTHS	NO REPORTED INCIDENTS	NO PAID INCIDENTS	INDEMNITY PAID	PAID ALLOCATED CLAIM EXPENSE	
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102 103-108 109-114 115-120 121-180 181-240 OVER 240 TOTAL	152 194 121 112 143 134 118 119 66 70 34 50 40 21 13 18 11 4 4 17 1 1,447	42 50 32 47 46 60 39 61 33 12 19 15 10 4 2 5 1 5 24	226,880 590,122 570,081 1,109,258 1,663,154 1,870,254 1,273,710 2,419,075 1,087,289 732,779 277,500 750,050 698,250 430,750 151,327 179,892 358,400 212,046 76,000 173,750 2,467 2,500 14,855,534	4,867 10,499 51,761 136,644 246,938 451,442 540,072 642,287 437,932 546,871 164,449 328,836 300,199 206,675 118,517 113,169 129,961 27,677 25,145 56,463	

***************	TIME IN MONTHS	NO REPORTED INCIDENTS	NO PAID INCIDENTS	INDEMNITY PAID	PAID ALLOCATED CLAIM EXPENSE	
	000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102 103-108 109-114 115-120	10320%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	87%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	12446777889999988%	%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	
	121-180 181-240 OVER 240	99% 99% 100%	98% 99% 99% 100%	99% 99% 100%	100% 100% 100%	

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO CLOSURE CLAIMS CLOSED IN 1984 PHYSICIANS

*RELATED CLAIMS HAVE BEEN CONSOLIDATED AS ONE INCIDENT.
CLAIMS CLOSED WITHOUT PAYMENT ARE INCLUDED.
AMOUNTS FOR EACH INCIDENT HAVE BEEN LIMITED TO \$100,000.

 		~		
TIME IN MONTHS	NO OF REPORTED INCIDENTS	NO OF PAID INCIDENTS	INDEMNITY PAID	ALLOCATED CLAIM EXPNS PD
 000-006	23	10	131,723	4,281
007-012	39	10	183,575	4,234
013-018	49	12	142,050	14,808
019-024	68	24	723,893	82,985
025-030	99	30	1,312,041	167,361
031-036	92	34	1,331,334	299,822
037-042	88	22	722,310	314,210
043-048	85	34 22 37	1,438,750	384,323
049-054	50	26	914,039	323,413
055-060	50 44 31	10 11	278,955	320,295
061-066	31		247,500	152,110
067-072	37	12	605,000	208,418
073-078	33 15	11	462,250	247,382
079-084	15	7	325,250	92,496
085-090	12	4	151,327	113,474
091-096	9	5	154,725	50,254
097 - 102	8	3	150,900	83,672
103-108	3			17
109-114	3	3	207,046	27,677
115 - 120	4	2	76,000	25,145
121 - 180	13	3	66,250	38,523
181-240	1	1	2,467	
TOTAL	806	277	9,627,385	2,954,900

	TIME IN I		NO OF PAID INCIDENTS	INDEMNITY PAID	ALLOCATED CLAIM EXPNS	PD
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	00-006 07-012 13-018 19-024 25-030 31-036 37-042 43-048 49-054 55-060 61-066 67-072 73-078 79-084 85-090 91-096 97-102 03-108 09-114 15-120 21-180 81-240	2% 13% 13% 24% 24% 567% 75% 827% 827% 891% 997% 997% 997% 997% 997%	37101334514471592356678990112345677888899999999999999999999999999999999	134259721473887%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO CLOSURE CLAIMS CLOSED IN 1984 HOSPITALS

*RELATED CLAIMS HAVE BEEN CONSOLIDATED AS ONE INCIDENT. CLAIMS CLOSED WITHOUT PAYMENT ARE INCLUDED. AMOUNTS FOR EACH INCIDENT HAVE BEEN LIMITED TO \$100,000.

	IME IN	NO OF REPORTED	NO OF PAID INCIDENTS	INDEMNITY PAID	ALLOCATED CLAIM EXPNS PD
00 00 01 01 02 · 03 03 04 04 05 06 06	0-006 7-012 3-018 9-024 5-030 1-036 7-042 3-048 9-054 5-060 1-066 7-072 3-078 9-084 11-096	97 132 59 31 33 35 23 29 14 21 3 9 7	12 24 14 13 11 19 12 21 6 10 1 4 4 2 5	35,847 300,674 278,031 211,333 307,613 467,170 510,800 975,850 163,250 408,666 30,000 103,500 236,000 105,000 12,917 207,500	295 1,118 14,909 44,587 61,255 136,610 218,810 251,495 113,627 184,539 12,339 113,267 52,817 104,745 57,319 46,289
12	19-114 11-180 IR 240	1 4 1	2	5,000 107,500 2,500	17,940
TOT		512	165	4,469,151	1,431,961

TIME IN MO OF REPORTED NO OF PAID INDEMNITY ALLOCATED NOTHS INCIDENTS PAID CLAIM EXPNS PD 000-006 18% 7% % % 007-012 44% 21% 7% % 7013-018 56% 30% 13% 1% 109-024 62% 38% 18% 4% 025-030 68% 44% 25% 8% 031-036 75% 56% 35% 18% 037-042 80% 63% 47% 33%	
007-012 44% 21% 7% %	
031-036 75% 56% 35% 18% 037-042 80% 63% 47% 33% 043-048 85% 76% 69% 50% 049-054 88% 80% 72% 58% 055-060 92% 86% 81% 71% 061-066 93% 86% 82% 72% 067-072 94% 89% 84% 80% 073-078 96% 91% 90% 84% 079-084 96% 92% 92% 92% 91% 091-096 98% 95% 92% 92% 91% 091-096 98% 95% 92% 92% 95% 097-102 98% 95% 95% 92% 98% 109-114 99% 98% 97% 98% 121-180 99% 99% 99% 100% 0VER 240 100% 100% 100%	

TABLE VI

Time Summary from Incident to Closure (No Limits on Amounts)

Just as in the prior tables, these are for the full life of the claim but no dollar limit is imposed on the losses to control the skewness. We can see that for all claims in 1986, 95% of the paid claims are closed by the 84th month, this represents 92% of the indemnity.

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO CLOSURE CLAIMS CLOSED IN 1986 ALL CLAIMS

	TIME IN MONTHS	NO REPORTED INCIDENTS	NO PAID INCIDENTS	INDEMNITY PAID	PAID ALLOCATED CLAIM EXPENSE
0	000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 065-060 061-066 067-072 073-078 079-084 085-090 091-096 091-096 103-108 109-114 115-120 121-180 121-180 121-180 VER 240 OTAL	178 299 137 124 156 136 136 163 137 131 76 32 37 21 10 13 6 3 22 13 12,020	48 40 48 47 47 57 68 44 44 70 10 10 10 10 10 10 10 10 10 10 10 10 10	752,654 2,407,666 1,431,524 1,763,632 1,626,102 5,674,373 3,935,205 7,381,633 9,409,545 4,111,484 4,509,850 2,714,440 616,690 929,850 1,117,000 295,000 431,300 100,000 40,000 808,322 739,251 50,895,656	5,493 138,192 103,475 105,735 237,779 502,981 897,579 1,159,216 1,260,874 930,470 834,112 670,776 496,941 303,404 330,786 115,940 136,080 55,915 41,431 47,085 156,002 127,672

TIME IN MONTHS INCIDENTS INCIDENTS INDEMNITY PAID ALLOCATED CLAIM EXPENSE 000-006 8% 7% 1% % 007-012 23% 16% 6% 1% 1% 103-018 30% 22% 9% 22% 109-024 36% 30% 12% 4% 15% 7% 13% 12% 12% 12% 12% 12% 12% 12% 12% 12% 12	 					
031-036 50% 43% 26% 13% 037-042 59% 51% 34% 23% 043-048 66% 62% 49% 36% 049-054 74% 73% 67% 51% 055-060 81% 80% 75% 61% 061-066 88% 87% 84% 71% 067-072 91% 91% 89% 79% 073-078 93% 92% 91% 84% 079-084 95% 95% 92% 88% 085-090 96% 96% 96% 95% 92% 88% 091-096 96% 96% 95% 95% 92% 091-096 96% 96% 95% 95% 92% 091-096 96% 96% 95% 95% 95% 103-108 97% 97% 96% 95% 103-108 97% 97% 96% 95% 103-108 97% 97% 96% 96% 115-120 98% 97% 96% 96% 115-120 98% 97% 96% 96% 115-120 98% 97% 96% 96% 115-120 98% 97% 96% 96% 115-120 98% 97% 96% 96% 115-120 98% 97% 96% 96% 115-120 98% 97% 96% 96% 115-120 98% 97% 96% 96% 115-120 98% 97% 96% 96% 115-120 98% 97% 96% 96% 1100% 100%						
	007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102 103-108 109-114 115-120 121-180 181-240	5567889999999999999999999999999999999999	2363%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	100%	61% 71% 79% 88% 892% 955% 96%% 90%	

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO CLOSURE CLAIMS CLOSED IN 1986 PHYSICIANS

TIME IN MONTHS	NO OF REPORTED	NO OF PAID INCIDENTS	INDEMNITY PAID	ALLOCATED CLAIM EXPNS PD
000-006 007-012 013-018 019-024 . 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102 103-108 109-114 115-120 121-180 181-240 OVER 240 TOTAL	28 61 41 53 71 79 111 100 106 97 99 50 15 99 35 1 20 8 1	11 23 15 21 18 23 35 42 43 27 30 15 7 12 1 1 5	473,940 1,525,544 213,920 795,566 459,750 2,053,596 1,880,587 4,382,419 5,774,633 2,374,500 4,052,946 1,495,533 71,690 845,100 75,000 295,000 425,000 425,000 454,000 216,251 27,964,975	4,304 111,073 11,511 68,513 140,059 216,723 596,633 609,939 720,138 541,813 493,873 489,413 236,625 212,108 105,390 111,840 99,474 1,235 28,155 9,087 123,820 61,116 4,992,842
101712	r e			·

 TIME IN MONTHS	NO OF REPORTED INCIDENTS	NO OF PAID INCIDENTS	INDEMNITY PAID	ALLOCATED CLAIM EXPNS PD	
 000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102	2%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	30%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	177%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	
115-120 121-180 181-240 OVER 240	97% 99% 99% 100%	97% 99% 100% 100%	97% 99% 100% 100%	96% 98% 100% 100%	*

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO CLOSURE CLAIMS CLOSED IN 1986 HOSPITALS

TIME IN MONTHS	NO OF REPORTED	NO OF PAID INCIDENTS	INDEMNITY PAID	ALLOCATED CLAIM EXPNS PD	
000-006 007-012	116 216	22 25	235,022 821,947	788 22,636	
013-018	84	18	1,193,391	91,964	
019-024	56	18	748,983	56,984	
025-030	64	14	352,927	66,201	
031-036	44	19	3,142,327	263,787	
037-042	40	12	1,781,910	247,441	
043-048	41	20	2,555,362	456,483	
049-054	44	17	3,334,412	469,381	
055-060	32	16	1,685,484	379,675	
061-066	25	11	296,759	280,617	
067-072	18	7	1,177,435	156,668	
073-078	13	3	545,000	260,316	
079-084	7	2	53,500	79,149	
085-090	3	1	1,000,000	223,301	
097-102	2	1	2,800	8,229	
103-108	2	1	100,000	. 54,680	
109-114	1		•	13,276	
115-120	2	2	40,000	37,998	
121-180	2	2	354,322	32,182	
181-240	3	2	523,000	61,892	
TOTAL	815	213	19,944,581	3,263,648	

. TIME MONTH				TY ALLOCATE CLAIM EXPN	
000-00 007-01 013-01 019-02 025-03 031-03 037-04 043-04 049-05 055-06 061-06 067-07 073-07 079-08 085-09 097-10 103-10 109-11	40% 51% 51% 565% 716% 81% 80% 80% 90% 90% 90% 90% 90% 90% 90% 90% 90% 9	102 70% 102 102 102 102 102 103 103 103 103 103 103 103 103 103 103	7%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO CLOSURE CLAIMS CLOSED IN 1985 ALL CLAIMS

TIME IN MONTHS	NO REPORTED INCIDENTS	NO PAID INCIDENTS	INDEMNITY PAID	PAID ALLOCATED CLAIM EXPENSE
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102 103-108 109-114 115-120 121-180 181-240	146 203 131 115 127 109 146 121 103 109 78 43 36 29 13 16 4 12 6 2 26 2	51 497 349 479 479 479 479 479 479 479 479 479 4	396,120 869,585 727,141 2,375,103 2,663,320 2,090,055 4,028,977 8,648,848 3,706,633 2,979,971 1,821,054 1,371,762 926,978 1,171,472 664,981 277,750 221,500 477,500 110,154 200,000 2,565,236 650,000	6,158 35,562 78,323 192,167 234,018 435,453 649,658 718,081 689,914 715,382 458,364 456,438 237,796 250,412 156,108 92,993 37,792 47,831 17,072 7,630 136,728 8,356
TOTAL	1,577	609	38,944,140	5,656,236

TIME IN MONTHS	NO REPORTED INCIDENTS	NO PAID INCIDENTS	INDEMNITY PAID	PAID ALLOCATED CLAIM EXPENSE	,
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102 103-108 109-114 115-120 121-180	%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	864%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	13518%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	2%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO CLOSURE CLAIMS CLOSED IN 1985 PHYSICIANS

TIME IN MONTHS	NO OF REPORTED	NO OF PAID INCIDENTS	INDEMNITY PAID	ALLOCATED CLAIM EXPNS PD	
			128,658 251,513 206,166 1,614,064 854,595 530,251 2,578,478 2,867,957 2,993,133 2,728,338 1,601,204 1,224,145 904,728 1,120,972 664,981 274,000 221,500 477,500 110,154	GLAIM EXPNS PD 4,392 11,869 43,111 142,837 135,864 159,768 410,852 496,295 506,835 553,633 286,392 387,766 174,702 212,864 120,136 91,644 37,792 47,831 17,072	
115-120 121-180 181-240 TOTAL	1 15 1 804	1 9 1 319	200,000 1,322,538 50,000 22,924,875	2,144 83,711 8,356 3,934,866	

 TIME IN MONTHS	NO OF REPORTED INCIDENTS	NO OF PAID INCIDENTS	INDEMNITY PAID	ALLOCATED CLAIM EXPNS I	· ·
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102 103-108 109-114 115-120 121-180 181-240	1%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	2595165890605901246690 12234577888899999999999	%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	· · · · · · · · · · · · · · · · · · ·

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO CLOSURE CLAIMS CLOSED IN 1985 HOSPITALS

TIME IN MONTHS	NO OF REPORTED INCIDENTS	NO OF PAID INCIDENTS	INDEMNITY PĄID	ALLOCATED CLAIM EXPNS PD	
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084	101 140 74 40 40 36 43 26 21 17 18 10 7	23 24 14 13 15 22 14 13 8 12 2	197,866 519,516 461,453 612,035 1,719,925 515,730 1,358,750 5,460,620 708,000 129,500 214,500 134,145 22,250 50,000	1,766 21,649 30,833 37,499 79,216 90,725 227,337 131,125 172,515 130,253 161,499 63,560 45,094 36,956 35,972	
091-096 115-120 121-180 181-240 TOTAL	1 1 8 1 591	5 1 193	1,242,000 600,000 13,946,290	5,486 44,752 · 1;316,237	

TIME IN MONTHS	NO OF REPORTED INCIDENTS	NO OF PAID INCIDENTS	INDEMNITY PAID	ALLOCATED CLAIM EXPNS	PD
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 115-120 121-180	17% 40% 50% 50% 662% 804% 888 914% 956% 9978 988% 999%	136%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	158%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	
181-240	100%	100%	100%	100%	

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO CLOSURE CLAIMS CLOSED IN 1984 ALL CLAIMS

 					
 TIME IN MONTHS	NO REPORTED INCIDENTS	NO PAID INCIDENTS	INDEMNITY PAID	PAID ALLOCATED CLAIM EXPENSE	
 000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102 103-108 109-114 115-120 121-180 181-240	152 194 121 112 143 134 118 119 66 70 34 50 21 13 18 11 4 4	42 50 52 46 60 61 33 21 19 10 42 16 42 51	401,880 600,122 693,081 1,559,258 2,778,818 3,929,706 2,299,711 6,090,822 2,234,731 902,779 277,500 3,724,021 1,275,056 737,220 161,327 179,892 558,400 312,046 76,000 373,750 2,467	4,867 10,499 51,761 136,644 246,938 451,442 540,072 642,287 437,932 546,871 164,449 328,836 300,199 206,675 118,517 113,169 129,961 27,677 25,145 56,463	
OVER 240 TOTAL	1,447	524	2,500 29,171,087	4,540,421	

	TIME IN MONTHS	NO REPORTED INCIDENTS	NO PAID INCIDENTS	INDEMNITY PAID	PAID ALLOCATED CLAIM EXPENSE	*****
•	000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102 103-108 109-114 115-120 121-180 181-240 OVER 240	1232%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	87%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	1%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	**************************************	

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO CLOSURE CLAIMS CLOSED IN 1984 PHYSICIANS

TIME IN MONTHS	NO OF REPORTED INCIDENTS	NO OF PAID INCIDENTS	INDEMNITY PAID	ALLOCATED CLAIM EXPNS PD
000-006	23 39	10	306,723	4,281
007-012	39	10	183,575	. 4,234
013-018	49	12	142,050	14,808
019-024	68	24	923,893	82,985
025-030	99	30	2,145,373	167,361
031-036	92	34	3,286,060	299,822
037-042	88 85	22	772,310	314,210
043-048	85	37	2,565,497	384,323
049-054	50	26	1,174,481	323,413
055-060	44	10	348,955	320,295
061-066	31	11	247,500	152,110
067-072	37	12 `	2,678,971	208,418
073-078	33	11	984,056	247,382
079-084	15	7	482,750	92,496
085-090	12	4	161,327	113,474
091-096	. 9	5	154,725	50,254
097-102	8	3	175,900	83,672
103-108	3			17
109-114	3	· 3	307,046	27,677
115-120	14	2	76,000	25,145
121-180	13	3	66,250	38,523
181-240	1	1	2,467	,
TOTAL	806	277	17,185,909	2,954,900

 TIME IN MONTHS	NO OF REPORTED INCIDENTS	NO OF PAID INCIDENTS	INDEMNITY PAID	ALLOCATED CLAIM EXPNS PD	
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 091-096 097-102 103-108 109-114 115-120 121-180 181-240	2%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	37%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	12391050680538%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	
		,-	/ 0	70	

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO CLOSURE CLAIMS CLOSED IN 1984 HOSPITALS

TIME IN MONTHS	NO OF REPORTED	NO OF PAID INCIDENTS	INDEMNITY PAID	ALLOCATED CLA!M EXPNS PD	
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 091-096 097-102	97 132 59 31 33 35 23 29 14 21 3 9 7	12 24 14 13 11 19 12 21 6 10 1	35,847 310,674 301,031 461,333 589,945 571,896 1,486,801 3,520,850 1,050,250 508,666 30,000 1,003,500 291,000 253,970 12,917 382,500 5,000	295 1,118 14,909 44,587 61,255 136,610 218,810 251,495 113,627 184,539 12,339 113,267 52,817 104,745 57,319 46,289	2 3 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
109-114 121-180 OVER 240 TOTAL	4 1 512	2 1 165	307,500 2,500 11,126,180	17,940 1,431,961	

TIME IN MONTHS	NO OF REPORTED	NO OF PAID INCIDENTS	INDEMNITY PAID	ALLOCATED CLAIM EXPNS	PD
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 091-096 097-102 109-114 121-180	184% 562%% 5628%% 750%% 85%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	7%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	35%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	

TABLE VII

Bodily Injury Claim Indemnity Comparison (By Time Lapse from Incident to Disposition)

Table VII compares the indemnity paid by severity of loss. It also compares the prior year result (1985 and 1984) with the current year result (1986 and 1985) and views the change year to year. This review is for each level of severity of the injury sustained to see whether the legal system reasonably allocates greater loss for greater injury. We also see how varied the claims are to each other in the "standard error" column. The "ratio for average paid claim" is arrived at by dividing the current year severity, or average loss, by the prior year's. A summary of the results is set out below:

Severity	1984	1985	1986	Mean	Ratio
0,1	23,895	15,229	28,439	22,521	1.17
2,3,4	16,264	18,505	22,773	19,181	1.00
5,6,7,8	115,124	114,005	164,200	131,110	6.84
. 9	79,540	102,229	111,200	97,656	5.09

The last column of the above table uses a standard of "1.00" for severity class 2,3,4 and shows the relationship of the mean loss in each of the other classes to that standard, i.e. an average loss in severity class 5,6,7,8 is almost seven times greater than the average loss for severity class 2,3,4. Severity class 9 average loss was over five times as large as class 2,3,4 but less than 5,6,7,8. The reason for this is probably that severity class 9 is almost always for an injury resulting in death and such losses require no long term maintenance of the injured party.

ALL COMPANIES SEVERITY 0,1

LAPSED MONTHS FROM INCIDENT TO DISPOSITION	PRIOR YR NUMBER OF CLAIMS PAID	PRIOR YR AVERAGE PAID CLAIM	PRIOR YR ST ERR AVG PD CLAIM	CURR YR NUMBER OF CLAIMS PAID	CURR YR AVERAGE INDEMNITY CLAIM	CURR YR STD ERR AYG PD CLAIM	RATIO FOR AVG PD CLAIM	
0- 6 7- 12 19- 24 31- 36 43- 48 55- 60 67- 72 79- 84 103-108 115-120 127-132 181-240	6 4 3 2 4 3 4 1 . 2	13,675 1,381 7,439 101,875 4,625 20,833 6,750 15,000 2,500	10,439.000 750.000 2,905.000 97,999.000 1,928.000 15,874.000 2,284.000 .000 .000 .000	35566451 2239	1,028 8,150 15,025 38,500 18,833 8,000 76,950 5,690 32,500 79,375 28,439	330.000 6,660.000 8,345.000 20,024.000 10,341.000 4,061.000 36,572.000 .000 .000 .000 17,492.000 54,496.000 7,190.000	.0751 5.9015 2.0197 .3779 4.0720 .3840 11.4000 .0000 .0000 .0000 .0000 .0000	

09/21/87

BODILY INJURY CLAIM INDEMNITY COMPARISONS PRIOR YEAR = 1985

ALL COMPANIES SEVERITY 2,3,4

LAPSED MONTHS FROM INCIDENT TO DISPOSITION	PRIOR YR NUMBER OF CLAIMS PAID	PRIOR YR AVERAGE PAID CLAIM	PRIOR YR ST ERR AVG PD CLAIM	CURR YR NUMBER OF CLAIMS PAID	CURR YR AVERAGE INDEMNITY GLAIM	CURR YR STD ERR AVG PD CLAIM	RATIO FOR AVG PD GLAIM
0- 6 7- 12 19- 24 31- 36 43- 48 55- 60 67- 72 79- 84 91- 96 103-108 115-120 127-132 139-144 151-156 181-240 TOTAL	32 68 46 37 31 33 12 10 2 2 1 1 3	4,649 5,941 10,755 20,863 34,922 39,710 32,526 19,567 12,625 31,250 12,500 200,000 15,245	1,913.000 1,549.000 2,275.000 5,942.000 13,891.000 11,703.000 12,999.000 4;725.000 9,000.000 18,492.000 .000 12,367.000 .000 2,553.000	36 59 62 52 53 29 23 9 3	3,987 8,256 20,084 27,075 26,721 38,346 45,859 22,677 100,433	1,034.000 1,486.000 5,224.000 6,882.000 6,525.000 11,357.000 17,916.000 8,802.000 97,164.000 .000 .000 .000 .000 .000 .000	.8576 1.3896 1.8674 1.2977 .7651 .9656 1.4099 1.1589 7.9550 .0000 .0000 .0000 .0000

09/21/87

ALL COMPANIES SEVERITY 5,6,7,8

LAPSED MONTHS FROM INCIDENT TO DISPOSITION	PRIOR YR NUMBER OF CLAIMS PAID	PRIOR YR AVERAGE PAID CLAIM	PRIOR YR ST ERR AVG PD CLAIM	CURR YR NUMBER OF CLAIMS PAID	CURR YR AVERAGE INDEMNITY CLAIM	CURR YR STD ERR AVG PD CLAIM	RATIO FOR AVG PD CLAIM
0- 6 7- 12 19- 24 31- 36 43- 48 55- 60 67- 72 79- 84 91- 96 103-108 115-120 127-132 139-144 151-156 163-168	7 12 24 34 53 36 16 4 5 8 1 1 2 4	18,407 21,171 81,943 82,256 184,914 87,694 74,433 153,057 102,200 85,019 800,000 100,000 1,000 51,250	8,204.000 7,548.000 23,473.000 28,195.000 93,802.000 11,444.000 21,023.000 63,504.000 26,495.000 26,495.000 .000 .000	8 17 17 24 61 29 12 7 4 4 1	61,943 126,963 191,515 86,239 232,596 136,896 205,600 30,392 333,107 33,750 15,000 62,500	30,935.000 62,248.000 145,936.000 24,145.000 42,294.000 34,434.000 57,696.000 8,720.000 225,164.000 22,560.000 .000 .000 .000	3.3651 5.9970 2.3371 1.0484 1.2578 1.5610 2.7622 .1985 3.2593 .3969 .0187 .0000 62.5000 .0000
175-180 181-240 TOTAL	3 1 211	600,000 50,000 114,005	173,205.000 .000 25,039.000	192	193,205 164,200	82,382.000 .000 21,424.000	.3220 .0000 1.4402

09/21/87

PRIOR YEAR = 1985

ALL COMPANIES SEVERITY 9

LAPSED MONTHS	PRIOR YR NUMBER	PRIOR YR AVERAGE	PRIOR YR ST ERR	CURR YR NUMBER OF	CURR YR AVERAGE	CURR YR STD ERR	RATIO FOR ,
FROM INCIDENT TO DISPOSITION	OF CLAIMS PAID	PAID CLAIM	AVG PD CLAIM	CLAIMS PAID	INDEMNITY CLAIM	AVG PD CLAIM	AVG PD CLAIM
0- 6	2	21,673	20,493.000	4	102,294	22,494.000	4.7198
7- 12	10	93,709	33,042.000	7	125,956	73,687.000	1.3441
19- 24	17	143,954	61,015.000	13	80,758	23,769.000	.5609
31- 36	15	98,011	27,910.000	18	127,615	36,708.000	1.3020
43- 48	22	121,860	21,954.000	. 20	64,270	17,174.000	.5274
55- 60	16	41,706	11,312.000	29	138,067	37,321.000	3.3104
67- 72	5	70,265	29,308.000	5	136,102	51,844.000	1.9369
79- 84	3	226,827	87,618.000			.000	.0000
91- 96	1	25,000	.000	1	100,000	.000	4.0000
103-108			.000	1	190,000	.000	.0000
TOTAL	91	102,229	14,627.000	98	111,200	14,932.000	1.0877

BODILY INJURY CLAIM INDEMNITY COMPARISONS

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ALL COMPANIES SEVERITY 0,1

LAPSED MONTHS FROM INCIDENT TO DISPOSITION	PRIOR YR NUMBER OF CLAIMS PAID	PRIOR YR AVERAGE PAID CLAIM	PRIOR YR ST ERR . AVG PD CLAIM	CURR YR NUMBER OF CLAIMS PAID	CURR YR AVERAGE INDEMNITY CLAIM	CURR YR STD ERR AVG PD CLAIM	RATIO FOR AVG PD GLAIM
0- 6 7- 12 19- 24 31- 36	6 4 2 8	2,879 6,080 3,400 11,719	1,341.000 3,964.000 2,499.000 7,056.000	1 6 1 4	176 2,922 4,600 66,375	.000 1,315.000 .000 33,372.000	.0611 .4805 1.3529 5.6638
43- 48 55- 60	3	8,333	5,332.000 .000 .000	. 3	10,000 5,333 12,500	.000 4,665.000 .000	1.2000 .0000 3.1250
67- 72 79- 84 103-108	1	4,000 45,000	.000	. 2	81,500	80,999.000	.0000
OVER 240 TOTAL	25	8,646	.000 2,860.000	21	2,500 23,895	.000 10,439.000	.0000 2.7637

09/21/87

BODILY INJURY CLAIM INDEMNITY COMPARISONS PRIOR YEAR = 1983

ALL COMPANIES SEVERITY 2,3,4

LAPSED MONTHS	PRIOR ÝR NUMBER OF CLAIMS PAID	PRIOR YR AVERAGE PAID CLAIM	PRIOR YR ST ERR AVG PD CLAIM	CURR YR NUMBER OF CLAIMS PAID	CURR YR AYERAGE INDEMNITY CLAIM	CURR YR STD ERR AVG PD CLAIM	RATIO FOR AYG PD CLAIM
0- 6 7- 12 19- 24 31- 36 43- 48 55- 60 67- 72 79- 84 91- 96 103-108 115-120 127-132 151-156	28 44 35 28 33 18 11 2 3 3	2,604 5,070 21,346 17,830 41,728 38,426 19,659 2,250 4,333 45,375	590.000 1,771.000 7,872.000 8,318.000 12,843.000 9,176.000 13,189.000 1,499.000 2,666.000 26,419.000 .000 .000 14,106.000 3.034.000	. 34 62 51 45 31 16 12 1 7	4,246 7,197 15,211 27,928 14,945 19,781 33,275 30,000 49,892 29,500 7,500	1,637.000 1,431.000 4,375.000 7,041.000 5,555.000 5,636.000 13,489.000 .000 22,449.000 .000 14,142.000 .000 1,974.000	1.6305 1.4195 .7125 1.5663 .3581 .5147 1.6926 13.3333 11.5144 .0000 .0000

ALL COMPANIES SEVERITY 5,6,7,8

LAPSED MONTHS FROM INCIDENT TO DISPOSITION	PRIOR YR NUMBER OF CLAIMS PAID	PRIOR YR AVERAGE PAID CLAIM	PRIOR YR ST ERR AVG PD CLAIM	CURR YR NUMBER OF CLAIMS PAID	CURR YR AVERAGE INDEMNITY CLAIM	CURR YR STD ERR AYG PD CLAIM	RATIO FOR AVG PD CLAIM
0- 6 7- 12 19- 24 31- 36 43- 48 55- 60 67- 72 79- 84 91- 96 103-108 115-120 127-132	3 15 17 24 22 21 17 7 8 4 1	3,459 58,199 90,600 183,113 61,730 60,867 165,441 116,857 111,778 66,250 156,000 103,421 2,000	2,727.000 24,677.000 29,495.000 78,051.000 19,773.000 16,822.000 54,844.000 44,562.000 29,240.000 33,372.000 .000 93,498.000	4 7 22 31 31 10 20 11 5	4,255 18,050 51,015. 117,553 189,083 26,445 237,738 39,201 92,500 900 38,886	2,839.000 4,640.000 14,661.000 36,627.000 53,897.000 9,410.000 73,375.000 22,538.000 42,600.000 .000 16,522.000 .000	1.2301 .3101 .5630 .6419 3.0630 .4344 1.4369 .3354 .8275 .0135 .2492 .0000
163-168 181-240 TOTAL	i 143	50,000 102,511	.000 .000 .000 16,278.000	2 1 149	155,125 2,467 115,124	144,913.000 .000 17,944.000	3.1025 .0000 1.1230

09/21/87

BODILY INJURY CLAIM INDEMNITY COMPARISONS PRIOR YEAR = 1983

ALL COMPANIES SEVERITY 9

LAPSED MONTHS FROM INCIDENT TO DISPOSITION	PRIOR YR NUMBER OF CLAIMS PAID	PRIOR YR AVERAGE PAID CLAIM	PRIOR YR ST ERR AVG PD CLAIM	CURR YR NUMBER OF CLAIMS PAID	CURR YR AYERAGE INDEMNITY CLAIM	CURR YR STD ERR AVG PD CLAIM	RATIO FOR AVG PD CLAIM	
7- 12		48,264	35.503.000	11	67,818	24,145,000	1.4051	
19- 24	15	61,862	30,232,000	22	103,964	23,280.000	1.6805	
31- 36	11	38,909	10,146.000	24	109,707	33,579.000	2.8195	
43- 48	10	50,950	21,213,000	22	51,392	12,287.000	1.0086	
55- 60	2	6.000	1,000,000	3	44,108	25,258.000	7.3513	
67- 72	4	6,000 49,372	9,249,000	3	23,000	16,370.000	.4658	
79- 84	ĺ	200,000	.000	. 3	4,666	110.000	.0233	
91- 96			.000	2	12,987	7,000.000	.0000	
103-108			.000	1	200,000	,000	.0000	
TOTAL	48	52,421	11,487.000	91	79,540	11,660.000	1.5173	*

TABLE VIII

Bodily Injury Claim Indemnity Comparison (By Major Business Classification)

We have also developed the time studies as in Table VII for business classification to see if significant differences exist in mean loss year to year. These tables can be read exactly as those preceding.

ALL COMPANIES
Severity 0,1

Severity 0,1							
MAJOR BUSINESS CLASSIFICATION	PRIOR YR NUMBER OF CLAIMS PAID	PRIOR YR AVERAGE PAID CLAIM	PRIOR ÝR ST ERR AVG PD CLAIM	CURR YR NUMBER OF CLAIMS PAID	CURR YR AVERAGE INDEMNITY CLAIM	CURR YR STD ERR AYG PD CLAIM	RATIO FOR AVG PD CLAIM
DENTISTS HOSPITALS NURSES NURSING HOMES PHYS AND SURG PODIA/CHIROPOD TOTAL Severit; 2,3,4	5 8 1 15 29	3,550 3,796 150 26,224 15,229				CURR YR STD ERR AVG PD CLAIM .000 12,882.000 1,000.000 .000 9,117.000 .000 7,190.000	.0000 4.3250 1.0316 .0000 1.3056 .0000 1.8674
MAJOR BUSINESS CLASSIFICATION	PRIOR YR NUMBER OF CLAIMS PAID	PRIOR YR AVERAGE PAID CLAIM	PRIOR YR ST ERR AVG PD CLAIM	CURR YR NUMBER OF CLAIMS PAID	CURR YR AVERAGE INDEMNITY CLAIM	CURR YR STD ERR AVG PD CLAIM	RATIO FOR AVG PD CLAIM
DENTISTS HOSPITALS NURSES NURSING HOMES PHYS AND SURG PODIA/CHIROPOD TOTAL SEVERITY 5,6,7,6	114 49 14 100 278	800 11,063 3,863 10,141 35,512 18,505	2,118.000 980.000 3,969.000 6,291.000 2,553.000	8 120 46 8 139 7 328	13,462 12,466 11,343 9,834 37,338 10,790 22,773	6,155.000 2,019.000 5,523.000 4,260.000 5,473.000 3,224.000 2,645.000	16.8275 1.1268 2.9363 .9697 1.0514 .0000 1.2306
MAJOR BUSINESS CLASSIFICATION	PRIOR YR NUMBER OF CLAIMS PAID	PRIOR YR AVERAGE PAID GLAIM	PRIOR YR ST ERR AVG PD CLAIM	CURR YR NUMBER OF CLAIMS PAID	CURR YR AVERAGE INDEMNITY CLAIM	CURR YR STD ERR AVG PD CLAIM	RATIO FOR AVG PD CLAIM
Severity 9						CURR YR STD ERR AVG PD CLAIM 24,453.000 63,014.000 4,056.000 57,287.000 .000 19,544.000 .000 21,424.000	
MAJOR BUSINESS CLASSIFICATION	PRIOR YR NUMBER OF CLAIMS PAID	PRIOR YR AVERAGE PAID CLAIM	PRIOR YR ST ERR AVG PD CLAIM	CURR YR NUMBER OF CLAIMS PAID	CURR YR AVERAGE INDEMNITY CLAIM	CURR YR STD ERR AVG PD CLAIM	RATIO FOR AVG PD CLAIM
HOSPITALS NURSES NURSING HOMES PHYS AND SURG TOTAL	35 2 2 52 51	118,944 106,250 42,500 93,120 102,229	33,343.000 11,487.000 12,488.000 12,488.000 14,627.000	. 36 5 2 55 98	116,098 215,782 50,000 100,713 111,200	23,194.000 100,976.000 34,994.000 19,849.000 14,932.000	.9760 2.0308 1.1764 1.0815 1.0877

Sev	erity	0.1

MAJOR BUSINESS CLASSIFICATION	PRIOR YR NUMBER OF CLAIMS PAID	PRIOR YR AVERAGE PAID CLAIM	PRIOR YR ST ERR AVG PD CLAIM	CURR YR NUMBER OF CLAIMS PAID	CURR YR AVERAGE INDEMNITY CLAIM	CURR YR STD ERR AVG PD CLAIM	RATIO FOR AVG PD CLAIM
HOSPITALS NURSES NURSING HOMES PHYS AND SURG TOTAL	. 4	6,500	4,109.000	2	1,500	1,000.000	.2307
	2	1,000	.000	4	3,775	1,777.000	3.7750
	3	2,671	1,763.000	1	185	.000	.0692
	16	11,258	4,247.000	14	34,537	15,065.000	3.0677
	25	8,646	2,860.000	21	23,895	10,439.000	2.7637

Severity 2,3,4

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MÄJOR BUSINĖSS CLASSIFIČATION	PRIOR YR NUMBER OF CLAIMS PAID	PRIOR YR AVERAGE PAID CLAIM	PRIOR YR ST ERR AYG PD CLAIM	CURR YR NUMBER OF CLAIMS PAID	CURR YR AVERAGE INDEMNITY CLAIM	CURR YR STD ERR AVG PD CLAIM	RATIO FOR AVG PD CLAIM	
HOSPITALS NURSES NURSING HOMES PHYS AND SURG TOTAL	71 32 12 95 210	16,121 7,646 1,919 28,085 19,430	5,168.000 3,059.000 450.000 5,248.000 3,034.000	86 37 23 117 263	15,666 10,380 10,391 19,718 16,264	3,450.000 5,474.000 3,268.000 3,132.000 1,974.000	.9717 1.3575 5.4147 .7020 .8370	

#### Severity 5,6,7,8

MAJOR BUSINESS CLASSIFICATION	PRIOR YR NUMBER OF CLAIMS PAID	PRIOR YR AVERAGE PAID CLAIM	PRIOR YR ST ERR AVG PD CLAIM	CURR YR NUMBER OF CLAIMS PAID	CURR YR AVERAGE INDEMNITY CLAIM	CURR YR STD ERR AVG PD CLAIM	RATIO FOR AVG PD CLAIM
HOSPITALS NURSES NURSING HOMES PHYS AND SURG TOTAL	29	126,143	54,971.000	45	162,237	46,988.000	1.2861
	6	30,558	12,882.000	7	10,464	2,541.000	.3424
	4	50,586	41,697.000	1	337	.000	.0066
	104	102,070	16,308.000	96	101,868	16,672.000	.9980
	143	102,511	16,278.000	149	115,124	17,944.000	1.1230

#### Severity 9

MAJOR BUSINESS CLASSIFICATION	PRIOR YR NUMBER OF CLAIMS PAID	PRIOR YR AVERAGE PAID CLAIM	PRIOR YR ST ERR AVG PD CLAIM	CURR YR NUMBER OF CLAIMS PAID	CURR YR AVERAGE INDEMNITY CLAIM	CURR YR STD ERR AVG PD CLAIM	RATIO FOR AVG PD CLAIM	
HOSPITALS NURSES NURSING HOMES PHYS AND SURG TOTAL	6 2 7 33 48	53,250 35,000 5,461 63,288 52,421	28,160.000 31,495.000 1,905.000 15,491.000 11,487.000	32 4 5 50 91	77,349 21,008 12,600 92,318 79,540	18,138.000 17,916.000 4,029.000 17,406.000 11,660.000	1.4525 .6002 .2.3072 1.4586 1.5173	

#### TABLE IX

### Company Indemnity Analysis (By Profession Specialty)

For insurance companies, an important factor in offering malpractice coverage is where are the losses coming from? This table shows us by year, and for all years, the Insurance Services Office classification code of the profession which caused the loss and the number of claims that resulted with the total loss and the average loss.

This data is very helpful for establishing rate relativities for Missouri and should be studied carefully. The table is sorted by the category that produced most claims first, which traditionally is the non-profit hospital. At the end of the table is a printout for all the years combined for which we have accumulated closed claim data (1979-1987).

ALL COMPANIES FOR YEAR: 86

				IND	EMNITY	
		·	NUMBER OF    CLAIMS PAID			PERCENT TO
CODE UNKNOWN?		PROFESSION SPECIALTY				
NO		80612 HOSPITAL NOT PROFIT BED	167	95050.89	15873498.00	31.19
		80211 DENTIST NOC	29	13690.17	397015.00	•
		80153 SURGERY OBSTETRICS GYNECOLOGY M.D.	39	102718.56	4006024.00	İ
		80143 SURGERY GENERAL NOC M.D.	41			
		80154 SURGERY ORTHOPEDIC M.D.	20	62004.15	1240083.00	2.4
		93215 HOSPITAL GOVERNMENT BED	38	105555.32	4011102.00	7.8
		80999 ADD CHG PARTNERSHIP LIABILITY M.D.	23	112834.65	2595197.00	5.10
	18 . 18	80421 FAMILY PHYSICIAN MINOR SURG		169725.15	2206427.00	4.3
		80257 INTERNAL MED NO SURGERY M.D.	21	80514.29	1690800.00	3.3
		80117 SURGERY GENERAL PRACTICE	6	185083,33	1110500.00	2,1
		80151 ANESTHESIOLOGY M.D.	13	65027.31	845355.00	1.6
		80268 PHYSICIANS NO SURGERY NOC M.D.	ĺ		850969.00	I
		80210 DENTAL HYGIENISTS	23	22587.43	519511.00	1.0
		80420 FAMILY PHYSICIAN NO SURGERY			35500.00	•
		80611 HOSPITAL FOR PROFIT BED	6		•	0.5
•		80102 EMERGENCY MED NO SURGERY	12	53875.00	646500.00	1.2
		80212 DENTIST EMPLOYED ORAL SURGERY	11	93645.09	1030096.00	2.0
		80156 SURGERY PLASTIC M.D.	i 9		190297.00	o.3

(CONTINUED)

### DEPT OF ECONOMIC DEVELOPMENT - DIVISION OF INSURANCE COMPANY INDEMNITY ANALYSIS

9:28 WEDNESDAY, SEPTEMBER 16, 1987

ALL COMPANIES FOR YEAR: 86

		INDEMNITY			
		NUMBER OF CLAIMS PAID		TOTAL AMOUNT OF CLAIMS	PERCENT TO   TOTAL PAID
CODE UNKNOWN?	PROFESSION SPECIALTY			ļ	
NO	84421 FAMILY PHYSICIAN MINOR SURG	14	35446.43	496250.00	0.98
	80145 SURGERY UROLOGICAL M.D.	9		840021.00	1.65
	84268 PHYSICIANS NO SURGERY NOC D.O.	8	29927.25	239418.00	0.47
	80923 NURSE HOME FOR PROFIT BED	7	7605.43	53238.00	0.10
	80267 PEDIATRICS NO SURGERY M.D.		33333.33		0.20
	80152 SURGERY NEUROLOGY M.D.	5	•	656500.00	1.29
	59112 PHARMACISTS	9	3954.22	35588.00	0.07
	80924 NURSE HOME NOT PROFIT BED	1		85000.00	0.17
	80114 SURGERY OPHTHALMOLOGY M.D.	•	•	252000.00	0.50
				197530.00	0.39
	80144 SURGERY THORACIC M.D.	7	72046.43	504325.00	•
	84154 SURGERY ORTHOPEDIC D.O.		108750.00		0.85
	80613 CLINICS OUTP ONLY FOR PROFIT		1	353538.00	0.69
	80410 CHIROPRACTORS	3	19500.00	58500.00	0.11
	80253 RADIOLOGY DIAGNOSTIC NO SURGERY M.D.	1	17500.00	17500.00	İ
	80998 NURSE ·	4	15304.75	61219.00	0.12
	84999 ADD CHG PARTNERSHIP LIABILITY D.O.	3	13766.67	41300.00	0.08
		3			•
	80249 PSYCHIATRY M.D.	4		57500.00	0.11

(CONTINUED)

9:28 WEDNESDAY, SEPTEMBER 16, 1987.

ALL COMPANIES FOR YEAR: 86

				INDI	EMNITY	
			NUMBER OF    CLAIMS PAID	A∀G, CLAIM PAID	TOTAL AMOUNT OF CLAIMS	PERCENT TO
CODE UNKNOWN?		PROFESSION SPECIALTY				
NO		80159 SURGERY OTORHINOLARYNGOLOGY	3	268700.00	806100.00	1.58
		80293 PEDIATRICS MINOR SURG M.D.	5	179700.00	898500.00	1.77
		80155 SURGERY PLASTIC- OTORHINOLARYNGOLOGY MD	3	1778.33	5335.00	0.01
		84151 ANESTHESIOLOGY D.O.	4	255475.00	1021900.00	2.01
		80167 SURGERY GYNECOLOGY M.D.	2	25211.00	50422.00	0.10
	i	84965 HOSPITAL OSTEOPATH BED	1	2000.00	2000.00	0.00
		84420 FAMILY PHYSICIAN NO SURGERY D.O.	5	28500.00	142500.00	0.28
		80614 CLINICS OUTP ONLY NOT PROFIT	3	45000.00	135000.00	0.27
		80213 DENTIST EMPLOYED NOC	7	28571.43	200000.00	0.39
		80146 SURGERY VASCULAR M.D.	1	137500.00	137500.00	0.2
		84155 SURGERY PLASTIC- OTORHINOLARYNGOLOGY DO	3	85833.33	257500.00	0.5
		84153 SURGERY OBSTETRICS GYNECOLOGY D.O.	1	73000.00	73000.00	0.14
		80994 OPTOMETRISTS	2	100038.50	200077.00	0.39
		80993 CHIROPODIST	5	25850.00	129250.00	0.25
		80292 PATHOLOGY MINOR SURG M.D.	3	100000.00	300000.00	0.5
		80281 CARDIOVASCULAR DISEASE MINOR SURG M.D.	3	20000.00	60000.00	0.1
		80266 PATHOLOGY NO SURGERY M.D.	1	1500.00	1500.00	0.00
		84253 RADIOLOGY DIAGNOSTIC NO SURGERY D.O.	1	7500.00	7500.00	0.0

9:28 WEDNESDAY, SEPTEMBER 16, 1987

ALL COMPANIES FOR YEAR: 86

		 	IND	EMNITY	
		NUMBER OF CLAIMS PAID	AVG. CLAIM PAID	TOTAL AMOUNT OF CLAIMS	PERCENT TO TOTAL PAID
CODE UNKNOWN?	PROFESSION SPECIALTY				
NO	84156 SURGERY PLASTIC D.O.	2	37500.00	75000.00	0.15
	80617 HOSPITAL NOT PROFIT VISITS	1	22500.00	22500.00	0.04
	80150 SURGERY CARDIOVASCULAR DISEASE M.D.	1	5000.00	5000.00	0.01
	84803 CLINICS OUTP ONLY OSTEOPATH	1	4100.00	4100.00	0.01
	84280 RADIOLOGY DIAGNOSTIC MINOR SURG D.O.	1	30000.00	30000,00	0.06
	84277 GYNECOLOGY MINOR SURG D.O.	1	13850.00	13850.00	0.03
	80916 MENTAL INSTITUTE NOT PROFIT	1	15000.00	15000.00	0.03
	80261 NEUROLOGY NO SURGERY M.D.	1	7500.00	7500.00	0.01
	80115 SURGERY COLON AND RECTAL M.D.	1	7500.00	7500.00	0.01
	80252 RHEUMATOLOGY NO SURGERY M.D.	:		2337.00	0.00
	80216 DENTIST MILITARY	1	600000.00	600000.00	1.18
	80158 SURGERY OTOLOGY M.D.	1		45000.00	0.09
	84452 ADD CHG EMPLOYED NURSE ANESTHETISTS D.O.	1	150000.00	150000.00	0.29
	84443 PHYS NO MAJ SURG PNEUMATIC DILATATION D.O.	1	50000.00	50000.00	
	18/152 SURGERY NEUROLOGY D O	   1  	50000 001		
	80945 EMPLOYED PHYSIOTHERAPISTS			55.00	0.00
	80449 PHYS NO MAJ SURG RADIOPAQUE DYE INJECTION MD	•		75000.00	
	80327 TEACHING PHYSICIAN MAJOR SURGERY GROUP 5		3000.00	3000.00	0.01

!			. INDEMNITY			
		NUMBER OF CLAIMS PAID	AVG. CLAIM PAID		PERCENT TO TOTAL PAID	
CODE UNKNOWN?	PROFESSION SPECIALTY					
МО	80251 PSYCHOSOMATIC MEDICINE M.D.	1	100000.00	100000.00	0.20	
	80177 ADD CHG EMPLOYED PHYSICIAN	1	577.00	577.00	0.00	
TOTAL		656	77584.84	50895656.00	100.00	

<u> </u>			INDI	EMNITY	
	•	NUMBER OF CLAIMS PAID			PERCENT TO
CODE UNKNOWN?	PROFESSION SPECIALTY				
NO	80612 HOSPITAL NOT PROFIT BED	144	84666.72	12192008.00	31.31
	80211 DENTIST NOC	37	26728.08	988939.00	2.54
	80153 SURGERY OBSTETRICS GYNECOLOGY M.D.	42	72401.40	3040859.00	7.81
	80143 SURGERY GENERAL NOC M.D.	38	100937.63	3835630.00	9.85
	80154 SURGERY ORTHOPEDIC M.D.	16	87984.38	1407750.00	3.61
	93215 HOSPITAL GOVERNMENT BED	39		991047.00	2.54
	80999 ADD CHG PARTNERSHIP LIABILITY M.D.	17	45855.41	779542.00	2.00
	80421 FAMILY PHYSICIAN MINOR SURG M.D.	9	116894.44	1052050.00	2.70
	80257 INTERNAL MED NO SURGERY M.D.	17	62282.59	1058804.00	2.72
	80117 SURGERY GENERAL PRACTICE	6	149926.50	899559.00	2.31
İ	80151 ANESTHESIOLOGY M.D.	12	47076.25	564915.00	1.45
	80268 PHYSICIANS NO SURGERY NOC IM.D.	13	106871.54	1389330.00	3.57
	80210 DENTAL HYGIENISTS .	18		313767.00	0.81
	80420 FAMILY PHYSICIAN NO SURGERY M.D.	3	17944.33	53833.00	0.14
	80611 HOSPITAL FOR PROFIT BED	4	7946.25	31785.00	. 0.08
	80102 EMERGENCY MED NO SURGERY M.D.	6	76523.00	459138.00	1.18
1	80156 SURGERY PLASTIC M.D.	11	46734.82	514083.00	1.32
	84421 FAMILY PHYSICIAN MINOR SURG    D.O.		ı	667098.00	1.71

9:28 WEDNESDAY, SEPTEMBER 16, 1987

ALL COMPANIES FOR YEAR: 85

				IND	EMNITY	
		·	NUMBER OF CLAIMS PAID	AVG. CLAIM PAID	TOTAL AMOUNT OF CLAIMS	PERCENT TO
CODE UNKNOWN?		PROFESSION SPECIALTY			 	[
NO		80145 SURGERY UROLOGICAL M.D.	9	25263.89	227375.00	0.58
		84268 PHYSICIANS NO SURGERY NOC D.O.	12	27646.00	331752.00	0.85
		80923 NURSE HOME FOR PROFIT BED	1	30000.00	30000.00	0.08
		80267 PEDIATRICS NO SURGERY M.D.	13	63290.69	822779.00	2.11
		80152 SURGERY NEUROLOGY M.D.	9	81255.44	731299.00	1.88
	,	59112 PHARMACIȘTS	5	005 00	4425.00	0.01
	7 ¥.	80924 NURSE HOME NOT PROFIT BED	41		62617.00	0.16
	j	80114 SURGERY OPHTHALMOLOGY M.D.	2	42500.00	85000.00	0.22
		80280 RADIOLOGY DIAGNOSTIC MINOR SURG M.D.	7	59453.57	416175.00	1.07
		80144 SURGERY THORACIC M.D.	5	°154020,80	770104.00	1.98
		84154 SURGERY ORTHOPEDIC D.O.	7	131034.71	917243.00	2.36
		80613 CLINICS OUTP ONLY FOR PROFIT	3	25333.33	76000.00	0.20
		80410 CHIROPRACTORS	41	23500.00	94000.00	0.2
		80253 RADIOLOGY DIAGNOSTIC NO SURGERY M.D.	6	24583.33	147500.00	0.38
		80998 NURSE	6	53899.67	323398.00	0.83
		84999 ADD CHG PARTNERSHIP	3	83215.00	249645.00	0.6
		84143 SURGERY GENERAL NOC D.O.	3	67266.67	201800.00	0.5
		80159 SURGERY OTORHINOLARYNGOLOGY	3	100500.00	301500.00	0.77
		80293 PEDIATRICS MINOR SURG M.D.	1	300000.00	300000.00	0.7

9:28 WEDNESDAY, SEPTEMBER 16, 1987

ALL COMPANIES FOR YEAR: 85

			IND	EMNITY	
,		NUMBER OF CLAIMS PAID		TOTAL AMOUNT OF CLAIMS	PERCENT TO TOTAL PAID
CODE UNKNOWN?	PROFESSION SPECIALTY				
NO	80155 SURGERY PLASTIC-  OTORHINOLARYNGOLOGY MD	1	2500.00	2500.00	0.01
	84151 ANESTHESIOLOGY D.O.	2	18000.00	36000.00	0.09
	80167 SURGERY GYNECOLOGY M.D.	1	77502.00	77502.00	0.20
	84965 HOSPITAL OSTEOPATH BED	4	55302.50	221210.00	0.57
	84420 FAMILY PHYSICIAN NO SURGERY D.O.	1	2500.00	2500.00	0.01
	80614 CLINICS OUTP ONLY NOT PROFIT	1	1000.00	1000.00	0.00
	80284 INTERNAL MED MINOR SURG M.D.	1	1200.00	1200.00	0.00
•	84284 INTERNAL MED MINOR SURG D.O.	1	500.00	500.00	0.00
	84155 SURGERY PLASTIC- OTORHINOLARYNGOLOGY DO	2	50667.00	101334.00	0.26
	84153 SURGERY OBSTETRICS GYNECOLOGY D.O.	2	33900.00	67800.00	0.17
	80277 GYNECOLOGY MINOR SURG M.D.	1	3750.00	3750.00	0.01
•	80994 OPTOMETRISTS	1	10800.00	10800.00	0.03
	80234 PHARMACOLOGY CLINICAL M.D.	1	1750.00	1750.00	0.00
	80157 EMERGENCY MED MAJOR SURG	1	123325.00	123325.00	0.32
	80281 CARDIOVASCULAR DISEASE.MINOR	1	95000.00	95000.00	0.24
	80233 OCCUPATIONAL MED M.D.	1	5000.00	5000.00	0.01
	80223 DENTIST FED GOVERNMENT NOC	1	2000.00	2000.00	0.01
	84145 SURGERY UROLOGICAL D.O.	4	30606.25	122425.00	0.31

9:28 WEDNESDAY, SEPTEMBER 16, 1987

ALL COMPANIES FOR YEAR: 85

•		·	INDEMNITY			
			NUMBER OF    CLAIMS PAID			PERCENT TO
CODE UNKNOWN?		PROFESSION SPECIALTY				
40		80291 OTORHINOLARYNGOLOGY MINOR SURG M.D.	2	. 8000.00	16000.00	0.0
		80255 CARDIOVASCULAR DISEASE NO SURGERY M.D.	2	17500.00	35000.00	0.09
		80150 SURGERY CARDIOVASCULAR DISEASE M.D.	1	2000.00	2000.00	0.0
		84803 CLINICS OUTP ONLY OSTEOPATH VISITS			6250.00	1
	7	80261 NEUROLOGY NO SURGERY M.D.	1	200000.00	200000.00	0.5
		84266 PATHOLOGY NO SURGERY D.O.			33000.00	0.0
•		80269 PULMONARY DISEASE NO SURGERY	1	239622.00	l 239622.00	0.6
		80265 OTORHINOLARYNGOLOGY NO SURGERY M.D.			10000.00	I
		80252 RHEUMATOLOGY NO SURGERY M.D.	1	200000.00	200000.00	7
		80216 DENTIST MILITARY	1	206021.00	206021.00	0.5
		80158 SURGERY OTOLOGY M.D.	1	22000.00	22000.00	0.0
		80132 MILITARY MINOR SURGERY M.D.				0.0
					370402.00	0.9
		92216 NURSE HOME GOVERNMENT VISITS		• 2006.00	2006.00	•
		84289 OPHTHALMOLOGY MINOR SURG	1	15000 00	15000.00	0.0
		84254 ALLERGY D.O.	1	500.00	500.00	0.0
		84102 EMERGENCY MED NO SURGERY D.O.	1	i	52500.00	1
		80422 PHYS NO MAJ SURG CATHETERIZATION M.D.	1	15000.00	15000.00	0.0

		INDEMNITY			
		NUMBER OF CLAIMS PAID	AVG. CLAIM PAID	TOTAL AMOUNT OF CLAIMS	PERCENT TO TOTAL PAID
CODE UNKNOWN?	PROFESSION SPECIALTY .				
NO	80412 PARTNERSHIP LIABILITY  CHIROPRACTORS	1	15000.00	15000.00	0.04
YES	100000 NO AVAILABLE DEFINITION	14	19463.86	272494.00	0.70
TOTAL		609	63947.68	38944140.00	100.00

9:28 WEDNESDAY, SEPTEMBER 16, 1987

ALL COMPANIES FOR YEAR: 84

				INDI	EMNITY	
			NUMBER OF    CLAIMS PAID		TOTAL AMOUNT OF CLAIMS	PERCENT TO
CODE UNKNOWN?		PROFESSION SPECIALTY .				
NO		80612 HOSPITAL NOT PROFIT BED	128	72424.32	9270313.00	31.78
		80211 DENTIST NOC	32	5374.88	171996.00	0.59
		80153 SURGERY OBSTETRICS GYNECOLOGY M.D.	38	i	2202598.00	7.55
		80143 SURGERY GENERAL NOC M.D.	24	48159.04	1155817.00	3.96
		80154 SURGERY ORTHOPEDIC M.D.	16	51223.88	819582.00	2.8
		93215 HOSPITAL GOVERNMENT BED	23		410634.00	1.4
	4	80999 ADD CHG PARTNERSHIP LIABILITY M.D.	20	46717.60	934352.00	3.20
	16	80421 FAMILY PHYSICIAN MINOR SURG	20	60681.45	1213629.00	4.1
		80257 INTERNAL MED NO SURGERY M.D.	10	28375.00	283750.00	0.9
		80117 SURGERY GENERAL PRACTICE M.D.	9	52681.89	474137.00	1.6
		80151 ANESTHESIOLOGY M.D.	12	162114.00	1945368.00	6.6
		80268 PHYSICIANS NO SURGERY NOC	5	42150.00	210750.00	0.7
		80210 DENTAL HYGIENISTS	1 4		19250.00	0.0
		80420 FAMILY PHYSICIAN NO SURGERY		١.	443975.00	1.5
		80611 HOSPITAL FOR PROFIT BED	7		107350.00	0.3
		80102 EMERGENCY MED NO SURGERY	11	23609.09	259700.00	0.8
		80212 DENTIST EMPLOYED ORAL SURGERY	4	270625.00	1082500.00	3.7
		80156 SURGERY PLASTIC M.D.	i 6	49208.33	295250.00	1.0

9:28 WEDNESDAY, SEPTEMBER 16, 1987

ALL COMPANIES FOR YEAR: 84

		ļ	IND	EMNITY	
		NUMBER OF CLAIMS PAID	AVG. CLAIM PAID	TOTAL AMOUNT OF CLAIMS	PERCENT TO
CODE UNKNOWN?	IPROFESSION SPECIALTY				
NO	84421 FAMILY PHYSICIAN MINOR SURG	5	150705.60	753528.00	2.5
	80145 SURGERY UROLOGICAL M.D.	9	43230.78	389077.00	1.3
	80923 NURSE HOME FOR PROFIT BED	12	12831.33	153976.00	0.5
	80267 PEDIATRICS NO SURGERY M.D.	2	262000.00	524000.00	1.8
	80152 SURGERY NEUROLOGY M.D.	5	34826.80	174134.00	0.6
	59112 PHARMACISTS :	3	800.00	2400.00	0.0
7	80924 NURSE HOME NOT PROFIT BED	3	20848.00	62544.00	0.2
į.	80114 SURGERY OPHTHALMOLOGY M.D.	3	81908.67	245726.00	0.8
A Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Comp	80280 RADIOLOGY DIAGNOSTIC MINOR SURG M.D.	3	28585.33	85756.00	0.29
	80144 SURGERY THORACIC M.D.	3	245000.00	735000.00	2.5
	84154 SURGERY ORTHOPEDIC D.O.	7	36387.43	254712.00	0.8
	80613 CLINICS OUTP ONLY FOR PROFIT	5	8566.20	42831.00	0.1
•	80410 CHIROPRACTORS	41	3187.00	12748.00	0.0
	80253 RADIOLOGY DIAGNOSTIC NO SURGERY M.D.	1	1000.00	, 1000.00	0.00
	80998 NURSE .	5	19535.80	97679.00	0.3
	84999 ADD CHG PARTNERSHIP LIABILITY D.O.	3	136982.00	410946.00	1.4
	84143 SURGERY GENERAL NOC D.O.	41	37437.50	149750.00	0.51
	80249 PSYCHLATRY M.D.	. 1	12500.00	12500.00	0.0
	80159 SURGERY OTORHINOLARYNGOLOGY	1	295455.00	295455.00	1.01

9:28 WEDNESDAY, SEPTEMBER 16, 1987

ALL COMPANIES FOR YEAR: 84

			IND	EMNITY	
		NUMBER OF			PERCENT TO TOTAL PAID
CODE UNKNOWN?	PROFESSION SPECIALTY				
NO	80155 SURGERY PLASTIC- OTORHINOLARYNGOLOGY MD	1	4000.00	4000.00	0.01
	84151 ANESTHESIOLOGY D.O.	2	377000.00	754000.00	2.58
	80167 SURGERY GYNECOLOGY M.D.	2	22750.00	45500.00	0.16
	84965 HOSPITAL OSTEOPATH BED	2	223529.00	447058.00	1.53
	84420 FAMILY PHYSICIAN NO SURGERY	1	2125.00	2125.00	0.01
	80614 CLINICS OUTP ONLY NOT PROFIT	1		2500.00	0.01
	80284 INTERNAL MED MINOR SURG M.D.		20000.00	20000.00	0.07
	80146 SURGERY VASCULAR M.D.	1		1500.00	0.01
	84284 INTERNAL MED MINOR SURG D.O.	2	10000.00	20000.00	0.07
	80277 GYNECOLOGY MINOR SURG M.D.	1	10000.00	10000.00	0.03
	80166 SURGERY ABDOMINAL M.D.	2	32500.00	65000.00	0.22
	80994 OPTOMETRISTS	1	2000.00	2000.00	0.01
	80234 PHARMACOLOGY CLINICAL M.D.	•		6000.00	0.02
	80157 EMERGENCY MED MAJOR SURG	3	58333.33	175000.00	0.60
	80266 PATHOLOGY NO SURGERY M.D.	1	18750.00	18750.00	0.06
	80233 OCCUPATIONAL MED M.D.	2		2500.00	0.01
	80223 DENTIST FED GOVERNMENT NOC	2	1500 00	3000.00	0.01
	80954 SANITARIUM NOT PROFIT VISITS		34750 00	139000.00	0.48
<u> </u>	80610 HOSPITAL FOR PROFIT VISITS			7500.00	0.03
1	80141 SURGERY CARDIAC M.D.	2	25000.00	50000.00	0.17

9:28 WEDNESDAY, SEPTEMBER 16, 1987

	•		IND	EMNITY	
		NUMBER OF CLAIMS PAID		TOTAL AMOUNT OF CLAIMS	PERCENT TO TOTAL PAID
CODE UNKNOWN?	PROFESSION SPECIALTY				
NO	80288 NEUROLOGY MINOR SURG M.D.	1	200000.00	200000.00	0.69
	80116 PHYSICIAN OR SURGEONS ASSISTANTS M.D.	1	30000.00	30000.00	0.10
	84266 PATHOLOGY NO SURGERY D.O.	1	149726.00	149726.00	0.51
	80926 SANITARIUM NOT PROFIT BED	1	337.00	337.00	0.00
	80289 OPHTHALMOLOGY MINOR SURG	1	30000.00	30000.00	0.10
	80163 ADD CHG EMPLOYED PHÝS RADIATION THERAPY M.D.	1	200000.00	200000.00	0.69
	80108 SURGERY NEPHROLOGY M.D.	1	110000.00	110000.00	0.38
	84291 OTORHINOLARYNGOLOGY MINOR SURG D.O.	1	300000.00	300000.00	1.03
	84257 INTERNAL MED NO SURGERY D.O.	1	60000.00	60000.00	0.21
	84249 PSYCHIATRY D.O.	.1	2500.00	2500.00	0.01
	80951 NURSE HOME FOR PROFIT VISITS	1	7750.00	7750.00	0.03
	80260 NEPHROLOGY NO SURGERY M.D.	1	10000.00	10000.00	0.03
	80258 LARYNGOLOGY NO SURGERY M.D.	1	5000.00	5000.00	0.02
ES	100000 NO AVAILABLE DEFINITION	19	30822.53	585628.00	2.01
OTAL		524	55670.01	29171087.00	100.00

#### ALL COMPANIES FOR YEAR: 83

			IND	EMNITY	
		NUMBER OF CLAIMS PAID			PERCENT TO   TOTAL PAID
CODE UNKNOWN?	PROFESSION SPECIALTY				
NO	80612 HOSPITAL NOT PROFIT BED	81	49061.79	3974005.00	18.51
	80211 DENTIST NOC	25		367394.00	1.71
	80153 SURGERY OBSTETRICS GYNECOLOGY M.D.	25	117758.56	2943964.00	13.71
	80143 SURGERY GENERAL NOC M.D.	38	71358.08	2711607.00	*
¥.	80154 SURGERY ORTHOPEDIC M.D.	24	70556.50	1693356.00	
	93215 HOSPITAL GOVERNMENT BED	17		431920.00	2.01
	80999 ADD CHG PARTNERSHIP LIABILITY M.D.	14	72241.07	1011375.00	4.71
	80421 FAMILY PHYSICIAN MINOR SURG	7	66245.71	463720.00	2.16
	80257 INTERNAL MED NO SURGERY M.D.	12	44544.83	534538.00	2.49
	80117 SURGERY GENERAL PRACTICE	14	58657.57	821206.00	3.82
	80151 ANESTHESIOLOGY M.D.	3	191593.00	574779.00	2.68
	80268 PHYSICIANS NO SURGERY NOC M.D.	5	44340.00	221700.00	1.03
	80210 DENTAL HYGIENISTS	6	4000.00	24000.00	0.11
	80420 FAMILY PHYSICIAN NO SURGERY	9	33194.44	298750.00	1.39
	80611 HOSPITAL FOR PROFIT BED	5		594888.00	2.77
	80102 EMERGENCY MED NO SURGERY	5	17020.00	85100.00	0.40
	80212 DENTIST EMPLOYED ORAL SURGERY	4	31750.00	127000.00	0.59
	80156 SURGERY PLASTIC M.D.	5	61860.00	309300.00	1.44

ALL COMPANIES FOR YEAR: 83

			INDEMNITY			
		,	NUMBER OF CLAIMS PAID	AVG. CLAIM PAID	TOTAL AMOUNT OF CLAIMS	PERCENT TO
CODE UNKNOWN?		PROFESSION SPECIALTY				
NO		84421 FAMILY PHYSICIAN MINOR SURG	2	17750.00	35500.00	0.1
		80145 SURGERY UROLOGICAL M.D.	9	41205.56	370850.00	1.7
		84268 PHYSICIANS NO SURGERY NOC	7	55022.29	385156.00	1,7
		80923 NURSE HOME FOR PROFIT BED	8	4105.88	32847.00	0.1
!	80267 PEDIATRICS NO SURGERY M.D.			187300.00	0.8	
	,	80152 SURGERY NEUROLOGY M.D.	2	26383.00	52766.00	0.2
	<b>5</b>	59112 PHARMACISTS	6	1927.33	11564.00	0.0
	, 2, 3, 4, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,	80924 NURSE HOME NOT PROFIT BED	11	3903.73	42941.00	0.2
	, #, #,	80114 SURGERY OPHTHALMOLOGY M.D.	61	16083.33	96500.00	0.4
		80280 RADIOLOGY DIAGNOSTIC MINOR SURG M.D.	5	66933.40	334667.00	1.50
		80144 SURGERY THORACIC M.D.	5	18399.80	91999.00	0.4
		80613 CLINICS OUTP ONLY FOR PROFIT	3	150833.33	452500.00	2.1
		80410 CHIROPRACTORS	2	6750.00	13500.00	0.0
		80253 RADIOLOGY DIAGNOSTIC NO SURGERY M.D.	2	292.00	584.00	0.00
		80998 NURSE	1	250.00	250.00	0.00
	84143 SURGERY GENERAL NOC D.O.	1	156000.00	156000.00	0.73	
		80249 PSYCHIATRY M.D.	1	50.00	50.00	0.00
		80159 SURGERY OTORHINOLARYNGOLOGY	2	3625.00	7250.00	0.03
		80293 PEDIATRICS MINOR SURG M.D.	1	150000.00	150000.00	0.70

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ALL COMPANIES FOR YEAR: 83

		INDEMNITY			
		NUMBER OF CLAIMS PAID		TOTAL AMOUNT OF CLAIMS	PERCENT TO   TOTAL PAID:
CODE UNKNOWN?	PROFESSION SPECIALTY				[
NO	80155 SURGERY PLASTIC- OTORHINOLARYNGOLOGY MD	3	40500.00	121500.00	0.57
	80146 SURGERY VASCULAR M.D	3	43333.33	130000.00	0.61
	84284 INTERNAL MED MINOR SURG D.O.	2	4650.00	9300.00	0.04
	84153 SURGERY OBSTETRICS GYNECOLOGY D.O.	2	181439.50	362879.00	1.69
•	80277 GYNECOLOGY MINOR SURG M.D.	1	3000.00	3000.00	0.01
	80166 SURGERY ABDOMINAL M.D.	1	7500.00		
	80994 OPTOMETRISTS	•	1345.00	•	0.01
	80294 PHYSICIAN MINOR SURGERY NOC	1	16586.00	16586.00	0.08
	80292 PATHOLOGY MINOR SURG M.D.	2	95000.00	190000.00	0.88
	80172 MILITARY MAJOR SURGERY GROUP 1 M.D.	3	6750.00	20250.00	0.09
	80157 EMERGENCY MED MAJOR SURG M.D.	1	1500.00	1500.00	0.01
-	80281 CARDIOVASCULAR DISEASE MINOR SURG M.D.		195000.00	195000.00	0.91
	80266 PATHOLOGY NO SURGERY M.D.	2	10750.00	21500.00	0.10
	80617 HOSPITAL NOT PROFIT VISITS	1	250.00	250.00	0.00
	80610 HOSPITAL FOR PROFIT VISITS	1		4000.00	0.02
	80282 DERMATOLOGY MINOR SURGERY	1	10000.00	10000.00	0.0
	80150 SURGERY CARDIOVASCULAR DISEASE M.D.	1	158000.00	158000.00	0.7
	80141 SURGERY CARDIAC M.D.	2	16000.00	32000.00	0.1

 		INDEMNITY				
		NUMBER OF CLAIMS PAID		TOTAL AMOUNT OF CLAIMS	PERCENT TO TOTAL PAID	
CODE UNKNOWN?	PROFESSION SPECIALTY					
NO	84280 RADIOLOGY DIAGNOSTIC MINOR SURG D.O.	1.	2500.00	2500.00	0.01	
	80116 PHYSICIAN OR SURGEONS ASSISTANTS M.D.	1	160.00	160.00	0.00	
	80115 SURGERY COLON AND RECTAL	1	35000.00	35000.00	0.16	
•	80960 NURSE ANESTHETISTS	1	90.00	90.00	0.00	
	80926 SANITARIUM NOT PROFIT BED	· 1	4910.00	4910,00	0.02	
<i>!</i>	80269 PULMONARY DISEASE NO SURGERY	1	350000.00	350000.00	1.63	
į.	80925 SANITARIUM FOR PROFIT BED	1	2000.00	2000.00	0.01	
i Çili	80452 ADD CHG EMPLOYED NURSE ANESTHETISTS M.D.	1	1470.00	1470.00	0.01	
	80278 HEMATOLOGY MINOR SURG M.D.	1	12500.00	12500.00	0.06	
YES	100000 NO AVAILABLE DEFINITION	8	21000.00	168000.00	0.78	
TOTAL		426	50403.91	21472066.00	100.00	

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ALL COMPANIES FOR YEAR: 82

 		INDEMNITY				
	· .	NUMBER OF CLAIMS PAID			PERCENT TO	
CODE UNKNOWN?	PROFESSION SPECIALTY					
NO	80612 HOSPITAL NOT PROFIT BED	103	52635.06	5421411.00	28.38	
	80211 DENTIST NOC	75)	11165.83	837437.00	4.38	
	80153 SURGERY OBSTETRICS GYNECOLOGY M.D.	27	43316.81	1169554.00	6.12	
	80143 SURGERY GENERAL NOC M.D.	17	31707.71	539031.00	2.82	
	80154 SURGERY ORTHOPEDIC M.D.	28	34097.71	954736.00	5.00	
	93215 HOSPITAL GOVERNMENT BED	13	16853.92	219101.00	1.15	
4	80999 ADD CHG PARTNERSHIP	17	59355.29	1009040.00	5.28	
	80421 FAMILY PHYSICIAN MINOR SURG	26	28889.69	751132.00	3.93	
	80257 INTERNAL MED NO SURGERY M.D.	2	8250.00	16500.00	0.09	
	80117 SURGERY GENERAL PRACTICE	7	29462.86	206240.00	1.08	
	80151 ANESTHESIOLOGY M.D.	12	125595.17	1507142.00	7.89	
	80268 PHYSICIANS NO SURGERY NOC M.D.	17	52789.18	897416.00	• 4.70	
	80210 DENTAL HYGIENISTS	1	3000.00	3000.00	0.02	
	80420 FAMILY PHYSICIAN NO SURGERY	10	38790.90	387909.00	2.03	
	80611 HOSPITAL FOR PROFIT BED	8	67042.00	536336.00	2.81	
	80102 EMERGENCY MED'NO SURGERY	4	28625.00	114500.00	0.60	
	80212 DENTIST EMPLOYED ORAL SURGERY	9	48927.22	440345.00	2.30	
 	84421 FAMILY PHYSICIAN MINOR SURG D.O.	4	39717.00	158868.00	0.83	

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ALL COMPANIES FOR YEAR: 82

		INDEMNITY			
		NUMBER OF    CLAIMS PAID		TOTAL AMOUNT OF CLAIMS	PERCENT TO TO PAID
CODE UNKNOWN?	PROFESSION SPECIALTY				<u> </u>
NO	80145 SURGERY UROLOGICAL M.D.	3	76166.67	228500.00	1.20
•	84268 PHYSICIANS NO SURGERY NOC D.O.	5	14648.00	73240.00	0.38
	80923 NURSE HOME FOR PROFIT BED	4	14125.00	56500.00	0.30
	80267 PEDIATRICS NO SURGERY M.D.	4	79051.25	316205.00	1.66
	80152 SURGERY NEUROLOGY M.D.	3	183333.33	550000.00	2.88
	59112 PHARMACISTS .	2	1359.50	2719.00	0.01
	80924 NURSE HOME NOT PROFIT BED	2	5030 00	10078.00	0.05
	80114 SURGERY OPHTHALMOLOGY M.D.	3		18500.00	0.10
	80280 RADIOLOGY DIAGNOSTIC MINOR SURG M.D.	1	2000.00	2000.00	0.01
	84154 SURGERY ORTHOPEDIC D.O.	2	83531.00	167062.00	0.87
	80613 CLINICS OUTP ONLY FOR PROFIT	, 3	500.00	1500.00	0.01
	80410 CHIROPRACTORS	1	10000.00	10000.00	0.05
	80253 RADIOLOGY DIAGNOSTIC NO SURGERY M.D.	3	55833.33	167500.00	0.88
	80998 NURSE .	1	20000.00	20000.00	0.10
	84999 ADD CHG PARTNERSHIP LIABILITY D.O.	3	10166.67	30500.00	0.16
	84143 SURGERY GENERAL NOC D.O.	1	3500.00	3500.00	0.02
	80249 PSYCHIATRY M.D.	31	20583.33	61750.00	0.32
	80159 SURGERY OTORHINOLARYNGOLOGY	1	i	25000.00	
	80167 SURGERY GYNECOLOGY M.D.	i 1i	10000.00	10000.00	0.05

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ALL COMPANIES FOR YEAR: 82

			IND	EMN I TY	
	,	NUMBER OF CLAIMS PAID			PERCENT TO
CODE UNKNOWN?	PROFESSION SPECIALTY			 	
NO	84965 HOSPITAL OSTEOPATH BED	1		15000.00	0.08
	80284 INTERNAL MED MINOR SURG M.D.			95000.00	0.50
	80146 SURGERY VASCULAR M.D.	1	40000.00	40000.00	0.21
	84284 INTERNAL MED MINOR SURG D.O.	1	82500.00	82500.00	0.43
	84155 SURGERY_PLASTIC- OTORHINOLARYNGOLOGY DO	1	4000.00	4000.00	0.02
· 7	84153 SURGERY OBSTETRICS GYNECOLOGY D.O.	1	4500.00	4500.00	0.02
	80166 SURGERY ABDOMINAL M.D.	1	97500.00	97500.00	0.51
	80994 OPTOMETRISTS	1	5500.00	5500.00	0.03
,«	80294 PHYSICIAN MINOR SURGERY NOC M.D.	1	65000.00	65000.00	0.34
	80292 PATHOLOGY MINOR SURG M.D.	1	72650.00	72650.00	0.38
	80234 PHARMACOLOGY CLINICAL M.D.	2	6750.00	13500.00	0.07
	80157 EMERGENCY MED MAJOR SURG	1	3750.00	3750.00	0.02
	80233 OCCUPATIONAL MED M.D.	1	50000.00	50000.00	0.26
	80223 DENTIST FED GOVERNMENT NOC	1	3000.00	3000.00	0.02
	84253 RADIOLOGY DIAGNOSTIC NO SURGERY D.O.	1	2500.00	2500.00	0.01
•	80617 HOSPITAL NOT PROFIT VISITS	1	500723.00	500723.00	2.62
	80610 HOSPITAL FOR PROFIT VISITS	2	500.00	1000.00	0.01
	80291 OTORHINOLARYNGOLOGY MINOR SURG M.D.	2	3851.50	7703.00	0.04
	80256 DERMATOLOGY NO SURGERY M.D.	3	3857.67	11573.00	0.06

			INDEMNITY			
			NUMBER OF CLAIMS PAID		TOTAL AMOUNT OF CLAIMS	PERCENT TO TOTAL PAID
CODE UNKNOWN?		PROFESSION SPECIALTY				
NO		80916 MENTAL INSTITUTE NOT PROFIT	1	3500.00	3500.00	0.02
		80288 NEUROLOGY MINOR SURG M.D.	1	10000.00	10000.00	. 0.05
		80116 PHYSICIAN OR SURGEONS ASSISTANTS M.D.	1	60000.00	60000.00	0.31
		80992 BLOOD BANKS .	1		750.00	0.00
, 7		80960 NURSE ANESTHETISTS	1		200.00	0.00
	7	80917 MENTAL INSTITUTE NOT PROFIT VISITS	2	242.00	484.00	0.00
	, 1 ⁴ ,	80265 OTORHINOLARYNGOLOGY NO SURGERY M.D.	1	900.00	900.00	0.00
	٠٠,٣.	80241 GASTROENTEROLOGY NO SURGERY	1	47500.00	47500.00	0.25
		84256 DERMATOLOGY NO SURGERY D.O.	1	1250.00	1250.00	0.01
		80715 MEDICAL OR X-RAY LABORATORY	1	12000.00	12000.00	0.06
		80217 DENTIST MILITARY X-RAY THERAPY	1	10000.00	10000.00	0.05
		80174 MILITARY MAJOR SURGERY GROUP 3 M.D.	1	104040.00	104040.00	0.54
		80106 SURGERY LARYNGOLOGY M.D.	1	49035.00	49035.00	0.26
	•	80104 SURGERY GASTROENTEROLOGY	1	20000.00	20000.00	0.10
YES		100000 NO AVAILABLE DEFINITION	· 12	65447.58	785371.00	4.11
TOTAL			478	39967.95	19104681.00	100.00

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ALL COMPANIES FOR YEAR: 81

	<del>-</del>	ļ	IND	EMNITY	
		NUMBER OF CLAIMS PAID		TOTAL AMOUNT OF CLAIMS	PERCENT TO   TOTAL PAID:
CODE UNKNOWN?	PROFESSION SPECIALTY	]		 	
NO	80612 HOSPITAL NOT PROFIT BED	64	23430.92	1499579.00	16.13
	80211 DENTIST NOC	33	3014.70	99485.00	1.07
	80153 SURGERY OBSTETRICS GYNECOLOGY M.D.	27	32029.89	864807.00	9.30
	80143 SURGERY GENERAL NOC M.D.	13	25884.62	336500.00	3.62
	80154 SURGERY ORTHOPEDIC M.D.	17	38612.12	656406.00	7.06
	93215 HOSPITAL GOVERNMENT BED	5	4040.20	20201.00	0.22
	80999 ADD CHG PARTNERSHIP LIABILITY M.D.	25	38722.12	968053.00	10.41
	80421 FAMILY PHYSICIAN MINOR SURG	17	37471.12	637009.00	6.85
	80257 INTERNAL MED NO SURGERY M.D.	2	33500.00	67000.00	0.72
	80117 SURGERY GENERAL PRACTICE	9	20166.67	181500.00	1.95
	80151 ANESTHESIOLOGY M.D.	6	37631.00	225786.00	2.43
	80268 PHYSICIANS NO SURGERY NOC	Łţ	22750.00	91000.00	0.98
	80210 DENTAL HYGIENISTS	4	7875.00	31500.00	0.34
	80420 FAMILY PHYSICIAN NO SURGERY	5	13100.00	65500.00	0.70
	80611 HOSPITAL FOR PROFIT BED	8	55105.25	440842.00	4.74
	80102 EMERGENCY MED NO SURGERY	     4	80004.75	320019.00	3.44
	80212 DENTIST EMPLOYED ORAL SURGERY	8	16543.13	132345.00	1.42
	80156 SURGERY PLASTIC M.D.	j 5	5810.00	29050.00	0.3

ALL COMPANIES FOR YEAR: 81

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			NUMBER OF CLAIMS PAID			PERCENT TO
CODE UNKNOWN?		PROFESSION SPECIALTY	!			!
NO		80145 SURGERY UROLOGICAL M.D.	2	26250.00	52500.00	0.56
		84268 PHYSICIANS NO SURGERY NOC	7	55811.00	390677.00	4.20
		80923 NURSE HOME FOR PROFIT BED	3	8086.00	24258.00	0.26
		80267 PEDIATRICS NO SURGERY M.D.	3	64307.00	192921.00	2.08
		80152 SURGERY NEUROLOGY M.D.	2	231000.00	462000.00	4.97
		80114 SURGERY OPHTHALMOLOGY M.D.	j 3	32500.00	97500.00	1.05
	<i>!</i>	80280 RADIOLOGY DIAGNOSTIC MINOR SURG M.D.	2	35000.00	70000.00	0.75
		80144 SURGERY THORACIC M.D.	2	55000.00	110000.00	1.18
	. 6,47.	84154 SURGERY ORTHOPEDIC D.O.	2	41875.00	83750.00	0.90
		80249 PSYCHIATRY M.D.	2		75500.00	0.81
		80159 SURGERY OTORHINOLARYNGOLOGY	1		25000.00	0.27
		80293 PEDIATRICS MINOR SURG M.D.	1		200000.00	2.15
		80155 SURGERY PLASTIC- OTORHINOLARYNGOLOGY MD	1	45000.00	45000.00	0.48
		80146 SURGERY VASCULAR M.D] 1	10000.00	10000.00	0.11
		80277 GYNECOLOGY MINOR SURG M.D.	1	2580.00	2580.00	0.03
		80166 SURGERY ABDOMINAL M.D.	1	6250.00	6250.00	0.07
		80993 CHIROPODIST .]		4000.00	0.04
		80294 PHYSICIAN MINOR SURGERY NOC	1	500.00	500.00	0.01
		80233 OCCUPATIONAL MED M.D.	1]	350.00	350.00	0.00
		80223 DENTIST FED, GOVERNMENT NOC	1	58000.00	58000.00	0.62

		INDEMNITY			
	· · ·	NUMBER OF CLAIMS PAID	AVG. CLAIM PAID	TOTAL AMOUNT OF CLAIMS	PERCENT TO TOTAL PAID
CODE UNKNOWN?	PROFESSION SPECIALTY				
NO	84156 SURGERY PLASTIC D.O. ·	1	15750.00	15750.00	0.17
	80617 HOSPITAL NOT PROFIT VISITS	1	50000.00	50000.00	0.54
	80282 DERMATOLOGY MINOR SURGERY	1	1000.00	1000.00	0.01
	80256 DERMATOLOGY NO SURGERY M.D.	1	15000.00	15000.00	0.16
	80255 CARDIOVASCULAR DISEASE NO SURGERY M.D.	1	5000.00	5000.00	0.05
	80261 NEUROLOGY NO SURGERY M.D.	1	50000.00	50000.00	0.54
	80235 PHYSICAL MED AND REHABILITATION M.D.	1	10000.00	10000.00	0.11
	80168 SURGERY OBSTETRICS M.D.	1	17500.00	17500.00	0.19
YES	100000 NO AVAILABLE DEFINITION	7	79321.43	555250.00	5.97
TOTAL		309	30086.95	9296868.00	100.00

 			INDI	EMNITY	
		NUMBER OF CLAIMS PAID		TOTAL AMOUNT OF CLAIMS	PERCENT TO
CODE UNKNOWN?	PROFESSION SPECIALTY				
NO	80612 HOSPITAL NOT PROFIT BED	32	23288.91	745245.00	11.75
	80211 DENTIST NOC	19	1663.95	31615.00	0.50
	80153 SURGERY OBSTETRICS GYNECOLOGY M.D.	10	13486.00	134860.00	Ì
	80143 SURGERY GENERAL NOC M.D.	16	26518.75	424300.00	6.69
	80154 SURGERY ORTHOPEDIC M.D.	18	3013939	542509.00	
	80999 ADD CHG PARTNERSHIP	7		728950.00	
	80421 FAMILY PHYSICIAN MINOR SURG	9	20715.33	186438.00	
	80257 INTERNAL MED NO SURGERY M.D.	9	28090.22	252812.00	3.99
	80117 SURGERY GENERAL PRACTICE M.D.	17	24566.35	417628.00	6.58
	80151 ANESTHESIOLOGY M.D.	6	91302.83	547817.00	
	80268 PHYSICIANS NO SURGERY NOC	4	1975.00	7900.00	0.12
	80210 DENTAL HYGIENISTS	1	1500.00	1500.00	0.02
	80420 FAMILY PHYSICIAN NO SURGERY	7	4521.57	, 31651.00	
	80611 HOSPITAL FOR PROFIT BED	6		15948.00	0.25
	80102 EMERGENCY MED NO SURGERY M.D.	3	5416.67	16250.00	0.26
	80212 DENTIST EMPLOYED ORAL SURGERY	9	27722.22	249500.00	3.93
	80156 SURGERY PLASTIC M.D.	2	19250.00	38500.00	0.61
	80145 SURGERY UROLOGICAL M.D.	2		21750.00	0.34

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			IND	EMNITY	
•	•	NUMBER OF CLAIMS PAID	AVG. CLAIM PAID	TOTAL AMOUNT OF CLAIMS	PERCENT TO
CODE UNKNOWN?	PROFESSION SPECIALTY			 	
NO	84268 PHYSICIANS NO SURGERY NOC	3	31227.67	93683.00	1.48
,	80923 NURSE HOME FOR PROFIT BED	3	2701.67	8105.00	0.13
	80267 PEDIATRICS NO SURGERY M.D.	3	5600.00	16800.00	0.26
	80152 SURGERY NEUROLOGY M.D	2	3000.00	6000.00	0.09
	80924 NURSE HOME NOT PROFIT BED	2	1116.50	2233.00	0.04
	80114 SURGERY OPHTHALMOLOGY M.D.	3	6361.00	19083.00	0.30
	80280 RADIOLOGY DIAGNOSTIC MINOR SURG M.D.	1	1000.00	1000.00	0.02
	84154 SURGERY ORTHOPEDIC D.O.	1	140000.00	140000.00	2.21
	80410 CHIROPRACTORS	2	2600.00	5200.00	0.08
	80253 RADIOLOGY DIAGNOSTIC NO SURGERY M.D.	2	3355.00	6710.00	0.11
	84999 ADD CHG PARTNERSHIP LIABILITY D.O.	1	350.00	350.00	0.01
	80249 PSYCHIATRY M.D.	1	5000.00	5000.00	0.08
•	80293 PEDIATRICS MINOR SURG M.D.	3	220180.67	660542.00	10.41
	80155 SURGERY PLASTIC- OTORHINOLARYNGOLOGY MD	1	3750.00	3750.00	0.06
	80167 SURGERY GYNECOLOGY M.D.	2	2625.00	5250.00	0.08
	80614 CLINICS OUTP ONLY NOT PROFIT	1	50000.00	 50000.00	0.79
	80284 INTERNAL MED MINOR SURG M.D.	1	· 35000.00	35000.00	0.55
	80277 GYNECOLOGY MINOR SURG M.D.	2	500.00	1000.00	0.02
	80166 SURGERY ABDOMINAL M.D.	2	18200.00	36400.00	0.57

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	•		IND	EMNITY	
		NUMBER OF CLAIMS PAID	AVG. CLAIM PAID	TOTAL AMOUNT OF CLAIMS	PERCENT TO
CODE UNKNOWN?	PROFESSION SPECIALTY				
NO	80294 PHYSICIAN MINOR SURGERY NOC M.D.	3	11573.67	34721.00	0.55
	80234 PHARMACOLOGY CLINICAL M.D.	2	15000.00	30000.00	0.47
	80266 PATHOLOGY NO SURGERY M.D.	1	100000.00	100000.00	1.58
	80282 DERMATOLOGY MINOR SURGERY	2	575.00	1150.00	0.02
	80255 CARDIOVASCULAR DISEASE NO SURGERY M.D.	1	2000.00	2000.00	0.03
•	80916 MENTAL INSTITUTE NOT PROFIT	1	6250.00	6250.00	0.10
	80115 SURGERY COLON AND RECTAL	1	2200.00	2200.00	0.03
	80289 OPHTHALMOLOGY MINOR SURG	1	90000.00	90000.00	1.42
	80254 ALLERGY M.D.	1	40000.00	40000.00	0.63
	80235 PHYSICAL MED AND REHABILITATION M.D.	1	25000.00	25000.00	0.39
	80997 MENTAL INSTITUTE FOR PROFIT	1	250000.00	250000.00	3.94
	80937 OPTICIANS	1	1200.00	1200.00	0.02
YES	100000 NO AVAILABLE DEFINITION	10	26900.10	269001.00	4.24
TOTAL		239	26538.92	6342801.00	100.00

		INDEMNITY			
		NUMBER OF CLAIMS PAID		TOTAL AMOUNT OF CLAIMS	PERCENT TO TOTAL PAID
CODE UNKNOWN?	PROFESSION SPECIALTY				
NO	80612 HOSPITAL NOT PROFIT BED	43	10830.88	465728.00	7.22
	80211 DENTIST NOC	29	1944.59	56393.00	0.87
	80153 SURGERY OBSTETRICS GYNECOLOGY M.D.	19		403498.00	ĺ
	80143 SURGERY GENERAL NOC M.D.	21	9994.48	209884.00	3.25
	80154 SURGERY ORTHOPEDIC M.D.	21	51924.05	1090405.00	16.91
:	93215 HOSPITAL GOVERNMENT BED	6	2084.00	12504.00	0.19
	80999 ADD CHG PARTNERSHIP LIABILITY M.D.	10	123425.00	1234250.00	19.14
)) (1)	80421 FAMILY PHYSICIAN MINOR SURG	16	20043.31	320693.00	4.97
	80257 INTERNAL MED NO SURGERY M.D.	7	11250.00	78750.00	1.22
	80117 SURGERY GENERAL PRACTICE, M.D.	11	27717.09	304888.00	4.73
	80151 ANESTHESTOLOGY M.D.	4	78750.00	315000.00	4.88
	80268 PHYSICIANS NO SURGERY NOC M.D.	6	10288.00	61728.00	0.96
•	80210 DENTAL HYGIENISTS	5	5640.00	28200.00	0.44
	80420 FAMILY PHYSICIAN NO SURGERY	7	2750.00	19250.00	0.30
	80611 HOSPITAL FOR PROFIT BED	7	8356.00	58492.00	0.91
	80102 EMERGENCY MED NO SURGERY M.D.	2	4612.50	9225.00	0.14
	80212 DENTIST EMPLOYED ORAL SURGERY	1	2500.00	2500.00	0.04
	80156 SURGERY PLASTIC M.D.	j 5	19700.00	98500.00	1.53

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		I NDEMNITY			
		NUMBER OF CLAIMS PAID	AVG. CLAIM PAID	TOTAL AMOUNT OF CLAIMS	PERCENT TO TOTAL PAID
CODE UNKNOWN?	PROFESSION SPECIALTY				
NO	84421 FAMILY PHYSICIAN MINOR SURG	1	2500.00	2500.00	0.04
	80145 SURGERY UROLOGICAL M.D.	2	111500.00	223000.00	3.46
	80923 NURSE HOME FOR PROFIT BED	4	28362.50	113450.00	1.76
	80267 PEDIATRICS NO SURGERY M.D.	2	1750.00	3500.00	0.05
	80152 SURGERY NEUROLOGY M.D.	1	100000.00	100000.00	1.55
	59112 PHARMACISTS	1	750.00	750.00	0.01
	80924 NURSE HOME NOT PROFIT BED	4	19382.00	77528.00	1.20
	80114 SURGERY OPHTHALMOLOGY M.D.	3	19166.67	57500.00	0.89
	80280 RADIOLOGY DIAGNOSTIC MINOR SURG M.D.	1	3500.00	3500.00	0.05
	80144 SURGERY THORACIC M.D.	3	10833.33	32500.00	0.50
	80613 CLINICS OUTP ONLY FOR PROFIT	2	1280.00	2560.00	0.04
	80410 CHIROPRACTORS	1	3000.00	3000.00	0.05
	80253 RADIOLOGY DIAGNOSTIC NO SURGERY M.D.	3	26833.33	80500.00	1.25
	80998 NURSE	1	11000.00	11000,00	0.17
	84999 ADD CHG PARTNERSHIP LIABILITY D.O.	1	100000.00	100000.00	1.55
	80249 PSYCHIATRY M.D.	1	247.00	247.00	0.00
	80155 SURGERY PLASTIC- OTORHINOLARYNGOLOGY MD	1	300.00	300.00	0.00
	80167 SURGERY GYNECOLOGY M.D.	1	3750.00	3750.00	0.06
	80284 INTERNAL MED MINOR SURG M.D.	1	25000.00	25000.00	0.39

	·	 	INDI	EMNITY	
		NUMBER OF CLAIMS PAID	AVG. CLAIM PAID	TOTAL AMOUNT OF CLAIMS	PERCENT TO
CODE UNKNOWN?	PROFESSION .SPECIALTY				
NO	80277 GYNECOLOGY MINOR SURG M.D.	1	5000.00	5000.00	0.08
	80172 MILITARY MAJOR SURGERY ÇROUP	2	7500.00	15000.00	0.23
	84280 RADIOLOGY DIAGNOSTIC MINOR SURG D.O.	1	11250.00	11250.00	0.17
	80288 NEUROLOGY MINOR SURG M.D.	1	1500.00	1500.00	0.02
	80254 ALLERGY M.D.	1	15000.00	15000.00	0.23
	80241 GASTROENTEROLOGY NO SURGERY	1	4000.00	4000.00	0.06
	84175 MILITARY MAJOR SURGERY GROUP	1	15000.00	15000.00	0.23
	84172 MILITARY MAJOR SURGERY GROUP	1	2000.00	2000.00	0.03
	80225 DENTIST FED GOVERNMENT ORAL SURGERY	1	5000.00	5000.00	0.08
	80170 SURGERY HEAD AND NECK M.D.	1	3500.00	3500.00	0.05
	80148 ADD CHG EMPLOYED TECH RADIUM	1	2500.00	2500.00	0.04
	80131 MILITARY NO SURGERY M.D.	1	2000.00	2000.00	0.03
YES	100000 NO AVAILABLE DEFINITION	13	58193.31	756513.00	11.73
TOTAL	,	280	23031.20	6448736.00	100.00

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			ļ	o IND	EMNITY	
			NUMBER OF CLAIMS PAID		TOTAL AMOUNT OF CLAIMS	PERCENT TO TOTAL PAID
CODE UNKNOWN?		IPROFESSION SPECIALTY				ļ
NO		80612 HOSPITAL NOT PROFIT BED	826	64564.16	53330000.00	27.4
		80211 DENTIST NOC	284	10631.61	3019378.00	1.5
		80153 SURGERY OBSTETRICS GYNECOLOGY M.D.	242	68080.22	16475414.00	8.4
		80143 SURGERY GENERAL NOC M.D.	217	59276.40	12862978.00	6.6
		80154 SURGERY ORTHOPEDIC M.D.	167	54322.17	9071803.00	4.6
		93215 HOSPITAL GOVERNMENT BED	163	39070.15	6368435.00	3.2
		80999 ADD CHG PARTNERSHIP LIABILITY M.D.	138		9285014.00	4.78
	15	80421 FAMILY PHYSICIAN MINOR SURG	119	58769.73	6993598.00	3.60
		80257 INTERNAL MED NO SURGERY M.D.	84	49922.07	4193454.00	2.1
		80117 SURGERY GENERAL PRACTICE M.D.	82	55322.05	4536408.00	2.3
		80151 ANESTHESIOLOGY M.D.	75	98204.53	7365340.00	3.7
		80268 PHYSICIANS NO SURGERY NOC	74	54484.03	4031818.00	2.0
		80210 DENTAL HYGIENISTS	65	15090.78	980901.00	0.5
		80420 FAMILY PHYSICIAN NO SURGERY	56	23863.71	1336368.00	0.69
		80611 HOSPITAL FOR PROFIT BED	52	40026.75	2081391.00	1.0
		80102 EMERGENCY MED NO SURGERY M.D.	51 j	39037.88	1990932.00	1.02
		80212 DENTIST EMPLOYED ORAL SURGERY	47	65374.87	3072619.00	1.50
		80156 SURGERY PLASTIC M.D.	46	33344.13	1533830.00	0.79

		 	IND	EMNITY	
		NUMBER OF CLAIMS PAID			PERCENT TO
CODE UNKNOWN?	[PROFESSION SPECIALTY				
NO	84421 FAMILY PHYSICIAN MINOR SURG	45	56927.64	2561744.00	1.32
	80145 SURGERY UROLOGICAL M.D.	45	52290.51	2353073.00	1.21
	84268 PHYSICIANS NO SURGERY NOC D.O.	44	35725.59	1571926.00	0.81
	80923 NURSE HOME FOR PROFIT BED	43	11566.84	497374.00	0.26
	80267 PEDIATRICS NO SURGERY M.D.	40	55525.13	2221005.00	1.14
	80152 SURGERY NEUROLOGY M.D.	31	93981.45	2913425.00	1.50
	59112 PHARMACISTS	31	2620.84	81246.00	0.04
	80924 NURSE HOME NOT PROFIT BED			342941.00	0.18
	80114 SURGERY OPHTHALMOLOGY M.D.	27	32289.22	871809.00	0.45
	80280 RADIOLOGY DIAGNOSTIC MINOR SURG M.D.	25	56425.12	1410628.00	0.73
	80144 SURGERY THORACIC M.D.	25	89757.12	2243928.00	1.16
	84154 SURGERY ORTHOPEDIC D.O.	23	86859.43	1997767.00	1.03
	80613 CLINICS OUTP ONLY FOR PROFIT	j 20 j	46471.45	929429.00	1
	80410 CHIROPRACTORS	19		226948.00	0.12
	180253 RADIOLOGY DIAGNOSTIC NO SURGERY M.D.	19	35331.26	671294.00	0.35
	80998 NURSE	18		513546.00	0.26
	84999 ADD CHG PARTNERSHIP LIABILITY D.O.	14	59481.50	832741.00	0.43
	84143 SURGERY GENERAL NOC D.O.	14	47057.14	658800.00	0.34
	80249 PSYCHIATRY M.D.	14	15271.21	213797.00	0.11

 	•	 	INDI	EMNITY	
		NUMBER OF CLAIMS PAID		TOTAL AMOUNT OF CLAIMS	PERCENT TO TOTAL PAID
CODE UNKNOWN?	PROFESSION SPECIALTY				
NO	80159 SURGERY OTORHINOLARYNGOLOGY M.D.	13	112754.77	1465812.00	0.75
	80293 PEDIATRICS MINOR SURG M.D.	11	200822.00	2209042.00	1.14
	80155 SURGERY PLASTIC- OTORHINOLARYNGOLOGY MD	11	° 16580.45	182385.00	0.09
	184151 ANESTHESIOLOGY D.O.	9	201544.44	1813900.00	0.93
	!	91		192424.00	0.10
i		8		685268.00	0.35
į	84420 FAMILY PHYSICIAN NO SURGERY D.O.			153125.00	0.08
*	180614 CLINICS OUTP ONLY NOT PROFIT	8	56409.25	451274.00	0.23
	•	: :		218700.00	0.11
		8		200046.00	0.10
	80146 SURGERY VASCULAR M.D.	8	41750.00	334000.00	0.17
	84284 INTERNAL MED MINOR SURG D.O.			120800.00	0.06
	84155 SURGERY PLASTIC- OTORHINOLARYNGOLOGY DO	7	80404.86	562834.00	0.29
	84153 SURGERY OBSTETRICS GYNECOLOGY D.O.	7	76168.43	533179.00	0.27
	80277 GYNECOLOGY MINOR SURG M.D.	7	3618.57	25330.00	0.01
	80166 SURGERY ABDOMINAL M.D.	7	30378.57	• 212650.00	0.11
	80994 OPTOMETRISTS	6	36620.33	219722.00	0.11
	80993 CHIROPODIST	1 61	22208.33	133250.00	0.07
	80294 PHYSICIAN MINOR SURGERY NOC			116807.00	İ

			IND	EMNITY	
		NUMBER OF CLAIMS PAID			PERCENT TO TOTAL PAID
CODE UNKNOWN?	[PROFESSION SPECIALTY				
NO	80292 PATHOLOGY MINOR SURG M.D.	6	93775.00	562650.00	0.29
	80234 PHARMACOLOGY CLINICAL M.D.	6	8541.67	51250.00	0.03
	80172 MILITARY MAJOR SURGERY GROUP	6	16708.33	100250.00	0.05
	80157 EMERGENCY MED MAJOR SURG	6	50595.83	303575.00	0.16
	80281 CARDIOVASCULAR DISEASE MINOR SURG M.D.	5	70000.00	350000.00	0.18
	80266 PATHOLOGY NO SURGERY M.D.	5	28350.00	141750.00	0.07
	80233 OCCUPATIONAL MED M.D.	5	11570.00	57850.00	0.03
	80223 DENTIST FED GOVERNMENT NOC	5	13200.00	66000.00	0.03
	84253 RADIOLOGY DIAGNOSTIC NO SURGERY D.O.	4	14500.00	58000.00	0.03
	84156 SURGERY PLASTIC D.O.	4	60187.50	240750.00	0.12
	84145 SURGERY UROLOGICAL D.O.	4	30606.25	122425.00	0.06
	80954 SANITARIUM NOT PROFIT VISITS			139000.00	0.07
	80617 HOSPITAL NOT PROFIT VISITS	4	143368.25	573473.00	0.30
	80610 HOSPITAL FOR PROFIT VISITS	4	3125.00	12500.00	0.01
	80291 OTORHINOLARYNGOLOGY MINOR SURG M.D.	4	5925.75	23703.00	0.01
	80282 DERMATOLOGY MINOR SURGERY	4	3037.50	12150.00	0.01
	80256 DERMATOLOGY NO SURGERY M.D.	4	6643.25	26573.00	0.01
	80255 CARDIOVASCULAR DISEÁSE NO SURGERY M.D.	4		42000.00	İ

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		INDEMNITY			
		NUMBER OF CLAIMS PAID		TOTAL AMOUNT OF CLAIMS	PERCENT TO
CODE UNKNOWN?	[PROFESSION SPECIALTY				
NO	80150 SURGERY CARDIOVASCULAR	4	53750.00	215000.00	0.11
	80141 SURGERY CARDIAC M.D.	1 4	20500.00	82000.00	0.04
	84803 CLINICS OUTP ONLY OSTEOPATH	 3	336783.33	1010350.00	0.52
	84280 RADIOLOGY DIAGNOSTIC MINOR SURG D.O.	3	14583.33	43750.00	0.02
	84277 GYNECOLOGY MINOR SURG D.O.	3	50616.67	151850.00	0.08
	80916 MENTAL INSTITUTE NOT PROFIT	3	8250.00	24750.00	0.01
	80288 NEUROLOGY MINOR SURG M.D.	3	70500.00	211500.00	0.11
.,	80261 NEUROLOGY NO SURGERY M.D.	3	e 85833.33	257500.00	0.13
	80116 PHYSICIAN OR SURGEONS ASSISTANTS M.D.	3	30053.33	90160.00	0.05
	80115 SURGERY COLON AND RECTAL M.D.	3	1490ó.00	44700.00	0.02
	84266 PATHOLOGY NO SURGERY D.O.	2	91363.00	182726.00	0.09
	80992 BLOOD BANKS	2	2375.00	4750.00	0.00
	80960 NURSE ANESTHETISTS	2	145.00	290.00	0.00
	80926 SANITARIUM NOT PROFIT BED	2	2623.50	5247.00	0.00
	80917 MENTAL INSTITUTE NOT PROFIT	2	242.00	484.00	0.00
	80289 OPHTHALMOLOGY MINOR SURG	2	60000.00	120000.00	0.06
	80269 PULMONARY DISEASE NO SURGERY	2	294811.00	589622.00	0.30

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		INDEMNITY			
		NUMBER OF CLAIMS PAID		TOTAL AMOUNT OF CLAIMS	PERCENT TO TOTAL PAID
CODE UNKNOWN?	PROFESSION SPECIALTY		 		!
NO	80265 OTORHINOLARYNGOLOGY NO SURGERY M.D.	2	5450.00	10900.00	0.01
	80254 ALLERGY M.D.	2	27500.00	55000.00	0.03
	80252 RHEUMATOLOGY NO SURGERY M.D.	. 2	101168.50	202337.00	0.10
•	80241 GASTROENTEROLOGY NO SURGERY	2	25750.00	51500.00	0.03
	80235 PHYSICAL MED AND REHABILITATION M.D.	2	17500.00	35000.00	0.02
	80216 DENTIST MILITARY	2	403010.50	806021.00	0.41
	80163 ADD CHG EMPLOYED PHYS RADIATION THERAPY M.D.	2	109750.00	 219500.00	0.11
	80158 SURGERY OTOLOGY M.D.	2	33500.00	67000.00	0.03
	80132 MILITARY MINOR SURGERY M.D.	2	11500.00	23000.00	0.01
	80108 SURGERY NEPHROLOGY M.D.	2	240201.00	480402.00	0.25
	92216 NURSE HOME GOVERNMENT VISITS	1	2006.00	2006.00	0.00
	84452 ADD CHG EMPLOYED NURSE ANESTHETISTS D.O.	1	150000.00	150000.00	0.08
	84443 PHYS NO MAJ SURG PNEUMATIC DILATATION D.O.	1	50000.00	50000.00	0.03
	84291 OTORHINOLARYNGOLOGY MINOR SURG D.O.	1	300000.00	300000.00	0.15
	84289 OPHTHALMOLOGY MINOR SURG	1	15000.00	15000.00	0.0
	84257 INTERNAL MED NO SURGERY D.O.	1	60000.00	60000.00	0.03
	84256 DERMATOLOGY NO SURGERY D.O.	1	1250.00	1250.00	0.00
	84254 ALLERGY D.O.	1	500.00	500.00	0.00

				INDI	EMNITY	
			NUMBER OF CLAIMS PAID			PERCENT TO TOTAL PAID
CODE UNKNOWN?		PROFESSION SPECIALTY				
NO		84249 PSYCHIATRY D.O.	1	. 2500.00	2500.00	0.00
		84175 MILITARY MAJOR SURGERY GROUP 4 D.O.	1	15000.00	15000.00	0.01
		84172 MILITARY MAJOR SURGERY GROUP	i		2000.00	0.00
		84152 SURGERY NEUROLOGY D.O.	1	50000.00	50000.00	0.03
		84102 EMERGENCY MED NO SURGERY D.O.	1	52500.00	52500.00	0.03
	;	80997 MENTAL INSTITUTE FOR PROFIT BED	1	250000.00	250000.00	0.13
			1		1500.00	0.00
	15%	80951 NURSE HOME FOR PROFIT VISITS				0.00
		80945 EMPLOYED PHYSIOTHERAPISTS	1	55.00	55.00	0.00
		80937 OPTICIANS	1	1200.00	1200.00	0.00
		LOCACE CANTENDIUM FOR BROKET DED	1	2000 00	2000.00	0.00
		80715 MEDICAL OR X-RAY LABORATORY			12000.00	
		80452 ADD CHG EMPLOYED NURSE ANESTHETISTS M.D.	1		1470.00	
		80449 PHYS NO MAJ SURG RADIOPAQUE DYE INJECTION MD	İ	Ð	75000.00	
		80422 PHYS NO MAJ SURG CATHETERIZATION M.D	1	15000.00	15000.00	0.01
		80412 PARTNERSHIP LIABILITY CHIROPRACTORS	1	15000.00	15000.00	0.01
		80327 TEACHING PHYSICIAN MAJOR SURGERY GROUP 5	1	3000.00	3000.00	0.00
		80278 HEMATOLOGY MINOR SURG M.D.	,		12500.00	

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	·	•	INDE	EMNITY	•
			PAID	TOTAL AMOUNT OF CLAIMS	
CODE UNKNOWN?	PROFESSION SPECIALTY		ļ		
NO	180272 ENDOCRINOLOGY MINOR SURG	1	105000.00	105000.00	0.05
	80263 OPHTHALMOLOGY NO SURGERY	1	69.00	69.00	0.00
	80260 NEPHROLOGY NO SURGERY M.D.	1	10000.00	10000.00	0.01
	80258 LARYNGOLOGY NO SURGERY M.D.	1	5000.00	5000.00	
	80251 PSYCHOSOMATIC MEDICINE M.D.	1		100000.00	0.05
	80225 DENTIST FED GOVERNMENT ORAL SURGERY	1	5000.00	5000.00	İ
	80217 DENTIST MILITARY X-RAY THERAPY	1	10000.00	10000.00	0.01
	80177 ADD CHG EMPLOYED PHYSICIAN M.D.	1	577.00	577.00	0.00
	80174 MILITARY MAJOR SURGERY GROUP	1	104040.00	104040.00	
	80170 SURGERY HEAD AND NECK M.D.	1	3500.00	3500.00	0.00
	80168 SURGERY OBSTETRICS M.D.	1			0.01
	80148 ADD CHG EMPLOYED TECH RADIUM	1	2500.00	2500.00	0.00
	80131 MILITARY NO SURGERY M.D.	1	2000.00	2000.00	0.00
	80106 SURGERY LARYNGOLOGY M.D.	1		49035.00	0.03
·	80104 SURGERY GASTROENTEROLOĠŶ M.D.	1	20000.00	20000.00	1
YES	100000 NO AVAILABLE DEFINITION	83		3392257.00	1.75
TOTAL		3740	51942.94	194266597.00	100.00

TABLE X

Company Indemnity Analysis (By Name of Company)

We have also included a table showing the claim activity of each insurer as reported to us each year. If insurers are not reporting claims as they should, we will be contacting them concerning disciplinary measures we may find necessary to employ in order to acquire greater attention to detail on their part. We do intend to maintain a full and accurate data base in this line of business.

DEPT OF ECO. DEV. - DIVISION OF INSURANCE 10:21 TUESDAY, SEPTEMBER 15, 1987 48 COMPANY INDEMNITY ANALYSIS 1986

		INDEMNITY				
	NUMBER OF CLAIMS PAID	AVG. CLAIM PAID	TOTAL AMOUNT OF CLAIMS	PERCENT TO		
COMPANY NAME:						
MISSOURI PROFESSIONAL LIABILITY INSASSO	126	85273.08	10744408.00	21.11		
MEDICAL PROTECTIVE COMPANY	100	58440.92	5844092.00	11.48		
MEDICAL DEFENSE ASSOCIATES	89	78758.36	7009494.00	13.77		
ST PAUL FIRE & MARINE INSURANCE CO .	78	99309.68	7746155.00	15.22		
PROFESSIONAL MUTUAL INS CO	65	47083.35	3060418.00	6.01		
AETNA CASUALTY AND SURETY COMPANY	33	101474.55	3348660.00	6.58		
MISSOURI MEDICAL INSURANCE COMPANY	33	86384.91	2850702.00	5.60		
PROVIDERS INS CO	24	38220.46	917291.00	1.80		
FEDERAL INSURANCE COMPANY	21	31721.71	666156.00	1.31		
RISK CONTROL ASSOCIATES INC .	11	24421.55	268637.00	0.53		
CONTINENTAL CASUALTY COMPANY	10	9069.40	90694.00	0.18		
GULF INSURANCE COMPANY	9	18392.78	165535.00	0.33		
BARNES HOSPITAL	8	87453.63	699629.00	1.37		
DRUGGISTS MUTUAL INSURANCE COMPANY	6	4403.67	26422.00	0.05		
INSURANCE CORPORATION OF AMERICA	5	446600.00	2233000.00	4.39		
RESEARCH MEDICAL CENTER	. 4	13552.00	54208.00	0.11		
ARGONAUT MIDWEST INSURANCE COMPANY	4	44562.50	178250.00	0.35		
NATIONAL UNION FIRE INS CO OF PITTSBURG	3	12333.33	37000.00	0.07		
NATIONAL CHIROPRACTIC MUTUAL INS CO	3	19500.00	58500.00	0.11		
EMPIRE FIRE AND MARINE INSURANCE CO	2	11750.00	23500.00	0.05		
DEPAUL HEALTH CENTER	2	20465.00	40930.00	0.08		
AMERICAN CONTINENTAL INSURANCE CO .	2	1525174.00	3050348.00	5.99		

(CONTINUED)

	INDEMNITY				
	NUMBER OF CLAIMS PAID	AVG. CLAIM PAID	TOTAL AMOUNT OF CLAIMS	PERCENT TO TOTAL PAID	
COMPANY NAME:					
ST LOUIS UNIVERSITY MEDICAL CENTER	2	2000.00	4000.00	0.01	
STANDARD FIRE INSURANCE COMPANY	2	300000.00	600000.00	1.18	
CHICAGO INSURANCE COMPANY	1	55.00	55.00	0.00	
WESTERN CASUALTY AND SURETY COMPANY	1	85000.00	85000.00	0.17	
JEFFERSON INSURANCE CO OF NEW YORK	1	28000.00	28000.00	0.06	
LESTER E COX MEDICAL CENTER	1	50000.00	50000.00	0.10	
MULTI MEDICAL INSURANCE COMPANY	1	91000.00	91000.00	0.18	
HARTFORD ACCIDENT & INDEMNITY CO	1	198322.00	198322.00	0.39	
MARYLAND CASUALTY COMPANY .	1	156000.00	156000.00	0.31	
CONTINENTAL INSURANCE COMPANY THE	1	25000.00	25000.00	0.05	
CURATORS OF THE UNIVERSITY OF MISSOURI	ļ · 1	100000.00	100000.00	0.20	
ST PAUL MERCURY INSURANCE COMPANY	1	196000.00	196000.00	0.39	
UNITED STATES FIDELITY & GUARANTY CO	1	133750.00	133750.00	0.26	
VIGILANT INSURANCE COMPANY	1	4500.00	4500.00	0.01	
PACIFIC INDEMNITY COMPANY	1	100000.00	100000.00	0.20	
PRUDENTIAL PROPERTY & CASUALTY INS CO	1	10000.00	10000.00	0.02	
TOTAL	656	77584.84	50895656.00	100.00	

		INDE	EMNITY	
	NUMBER OF CLAIMS PAID	AVG. CLAIM PAID	TOTAL AMOUNT OF CLAIMS	PERCENT TO TOTAL PAID
COMPANY NAME:				
MEDICAL PROTECTIVE COMPANY	136	56367.65	7666001.00	19.68
MISSOURI PROFESSIONAL LIABILITY INSASSO	122	25929.73	3163427.00	8.12
PROFESSIONAL MUTUAL INS CO	. 79	68713.05	5428331.00	13.94
MEDICAL DEFENSE ASSOCIATES	60	78139.87	4688392.00	12.04
ST PAUL FIRE & MARINE INSURANCE CO	59	155675.42	9184850.00	23.58
AETNA CASUALTY AND SURETY COMPANY	33	52683.82	1738566.00	4.46
PROVIDERS INS CO	23	12324.48	283463.00	0.73
STANDARD FIRE INSURANCE COMPANY	23	60822.83	1398925.00	3.59
MISSOURI MEDICAL INSURANCE COMPANY	22	67013.00	1474286.00	3.79
FEDERAL INSURANCE COMPANY	16	75280.56	1204489.00	3.09
RISK CONTROL ASSOCIATES INC		11750.00	70500.00	0.18
CONTINENTAL CASUALTY COMPANY	5	2685.40	13427.00	0.03
NATIONAL CHIROPRACTIC MUTUAL INS CO	4	8500.00	34000.00	0.09
UNITED STATES FIDELITY & GUARANTY CO	2	53000.00	106000.00	0.27
MARYLAND CASUALTY COMPANY	2	600000.00	1200000.00	3.08
CHICAGO INSURANCE COMPANY	. [2	2018.00	4036.00	0.01
WESTERN CASUALTY AND SURETY COMPANY	2	30000.00	60000.00	0.15
PRUDENTIAL PROPERTY & CASUALTY INS CO	2	38500.00	77000.00	0.20
DRUGGISTS MUTUAL INSURANCE COMPANY	2	337.50	675.00	0.00
ST PAUL MERCURY INSURANCE COMPANY	1 . 2	1775.00	3550.00	0.01
CONTINENTAL INSURANCE COMPANY THE	1	55000.00	55000.00	0.14
EMPIRE FIRE AND MARINE INSURANCE CO .	1	30000.00	30000.00	0.08

(CONTINUED)

		INDEMNITY				
,	NUMBER OF CLAIMS PAID			PERCENT TO TOTAL PAID		
COMPANY NAME:						
HARTFORD ACCIDENT & INDEMNITY CO	1	40000.00	40000.00	0.10		
NORTH RIVER INSURANCE COMPANY THE	1	1000000.00	1000000.00	2.57		
VIGILANT INSURANCE COMPANY	1	5000.00	5000.00	0.01		
NATIONAL UNION FIRE INS CO OF PITTSBURG	1	750.00	750.00	0.00		
GENERAL INSURANCE CO OF AMERICA	1	13472.00	13472.00	0.03		
TOTAL	609	63947.68	38944140.00	100.00		

		INDEMNITY				
:	NUMBER OF CLAIMS PAID	AVG. CLAIM PAID	TOTAL AMOUNT OF CLAIMS	PERCENT TO		
COMPANY NAME:						
MISSOURI PROFESSIONAL LIABILITY INSASSO	99	. 38750.93	3836342.00	13.15		
ST PAUL FIRE & MARINE INSURANCE CO	91	66334.37	6036428.00	20.69		
MEDICAL PROTECTIVE COMPANY	89	30620.90	2725260.00	9.34		
PROFESSIONAL MUTUAL INS CO	58	75432.62	4375092.00	15.00		
MEDICAL DEFENSE ASSOCIATES	52	50499.56	2625977.00	9.00		
AETNA CASUALTY AND SURETY COMPANY	46	94367.33	4340897.00	14.88		
MISSOURI MEDICAL INSURANCE COMPANY	33	112964.18	3727818.00	12.78		
RISK CONTROL ASSOCIATES INC	9	27833.33	250500.00	0.86		
NOT ON COMPANY FILE ?	7	16750.00	117250.00	0.40		
PROVIDERS INS CO	7	1046.43	7325.00	0.03		
ST PAUL MERCURY INSURANCE COMPANY	7	16125.86	112881.00	0.39		
ARGONAUT INSURANCE COMPANY	4	232267.75	929071.00	3.18		
CONTINENTAL CASUALTY COMPANY	3	2235.00	6705.00	0.02		
STANDARD FIRE INSURANCE COMPANY] 3	3500.00	10500.00	0.04		
NATIONAL CHIROPRACTIC MUTUAL INS CO	3	3849.33	11548.00	0.04		
CONTINENTAL INSURANCE COMPANY THE	2	3329.00	6658.00	0.02		
UNITED STATES FIDELITY & GUARANTY CO	2	1000.00	2000.00	0.01		
PACIFIC EMPLOYERS INSURANCE COMPANY	2	4500.00	9000.00	0.03		
PRUDENTIAL PROPERTY & CASUALTY INS CO	2	2625.00	5250.00	0.02		
ATLANTIC INSURANCE COMPANY	1	3000.00	3000.00	0.01		
COLUMBUS INS CO	1	185.00	185.00	0.00		
HARTFORD CASUALTY INSURANCE COMPANY	1	25000.00	25000.00	0.09		

(CONTINUED)

	INDEMNITY					
	NUMBER OF CLAIMS PAID		TOTAL AMOUNT OF CLAIMS	PERCENT TO TOTAL PAID		
COMPANY NAME:						
JEFFERSON INSURANCE CO OF NEW YORK	1	5000.00	5000.00	0.02		
GENERAL INSURANCE CO OF AMERICA	 1	1400.00	1400.00	0.00		
TOTAL	 524	55670.01	29171087.00	100.00		

TABLE XI

Claim Dispositions

This table tracks the legal disposition of the claims through our judicial system. The claims are divided into two general categories: those for the plaintiff and those for the defendant. The column headings that are abbreviated mean as follows:

INC-RPT	Average	number	of months	from date	of	incident
	to date	of firs	st report	to insurer.		

INC-DSP Average number of months from date of incident to date of closure of claim by insurer.

AVG-SEV Average severity of loss for those claims.

09/16/87

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE DISPOSITION OF CLAIM - 1986

PAGE 1

ALL COMPANIES

DISPOSITION NO OF CLAIM % INC INC AVG AVG INDEMNITY AVG EXPENSE REPORTS RPT DSP SEV PER CLAIM PER CLAIM IN FAVOR OF PLAINTIFF 941 BEFORE FILING SUIT OR HEARING 193 29.42 17 19,299 52 52 10,578 23 BEFORE TRIAL OR HEARING 260 39.63 4 65,816 34 DURING TRIAL OR HEARING . 15 9 5,000 1,115 1 24 54 33,185 5,431 1 . 15 NOT SPECIFIED 6,458 455 69.35 37 45,879 17 TOTAL SETTLED COURT DISPOSITIONS .76 60,286 12,860 DIRECTED VERDICT FOR PLAINTIFF 48 2 16 210,543 JUDGEMENT NWS VERDICT FOR DEFENDANT . 15 1,000,000 23 86 8 12 7 5 31,196 14 2.13 57 221,492 JUDGEMENT FOR PLAINTIFF 5 59,172 48 312,070 FOR PLAINTIFF AFTER APPEAL 4 .60 5 15,324 177 26.98 19 51 137,682 ALL OTHER 149.354 18,212 201 30.64 TOTAL COURT DISPOSITIONS 51 TOTAL PAID CLAIM DISPOSITIONS 656 100.00 17 42 4 77,584 10.060

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DISPOSITION	NO OF CLAIM REPORTS	%	INC RPT	INC DSP	AVG SEV	AVG INDEMNITY PER CLAIM	AVG EXPENSE PER CLAIM
IN FAVOR OF DEFENDENT CLAIM OR SUIT ABANDONED	1,045	76.55	14	31	4		1,549
COURT DISPOSITIONS DIRECTED VERDICT FOR DEFENDENT JUDGEMENT NWS FOR PLAINTIFF JUDGEMENT FOR DEFENDANT FOR DEFENDANT AFTER APPEAL ALL OTHERS INCLUDING DISMISSALS	25 5 48 9 233	1.83 .36 3.51 .65 17.06	17 16 . 19 17 22	53 58 63 65 52	3 3 6 5 4		8,890 4,878 17,506 14,570 5,879
TOTAL COURT DISPOSITIONS TOTAL UNPAID CLAIM DISPOSITIONS	320 1,365	23.44	21 16	54 36	4		8,087 3,082

ALL COMPANIES

DISPOSITION	NO OF CLAIM REPORTS	%	INC RPT	INC DSP	AVG SEV	AVG INDEMNITY PER CLAIM	AVG EXPENSE PER CLAIM
IN FAVOR OF PLAINTIFF							
BEFORE FILING SUIT OR HEARING BEFORE TRIAL OR HEARING	149 310	24.46 50.90	7 22	15 52	3 5	12,560 59,103	908 · 7,578
TOTAL SETTLED	459	75.36	17	40	4	43,994	5,413
COURT DISPOSITIONS			٠.				
DIRECTED VERDICT FOR PLAINTIFF JUDGEMENT NWS VERDICT FOR DEFENDANT JUDGEMENT FOR PLAINTIFF FOR PLAINTIFF AFTER APPEAL ALL OTHER	18 2 17 3 110	2.95 .32 2.79 .49 18.06	15 12 30 9 16	46 77 65 54 46	4 5 5 5 5 5	142,875 25,500 445,778 108,049 74,776	9,288 13,098 20,804 17,740 10,994
TOTAL COURT DISPOSITIONS	150	24.63	17	49	5	125,003	12,064
TOTAL PAID CLAIM DISPOSITIONS	609	100.00	17	42	4	63,947	7,051

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DISPOSITION	NO OF CLAIM REPORTS	% 	INC RPT	INC DSP	AVG SEV	AVG INDEMNITY PER CLAIM	AVG EXPENSE PER CLAIM
IN FAVOR OF DEFENDENT							•
CLAIM OR SUIT ABANDONED	787	81.30	12	30	4		1,741
COURT DISPOSITIONS			•				
DIRECTED VERDICT FOR DEFENDENT JUDGEMENT NWS FOR PLAINTIFF JUDGEMENT FOR DEFENDANT FOR DEFENDANT AFTER APPEAL ALL OTHERS INCLUDING DISMISSALS	21 6 27 2 125	.61 2.78 .20	18 8 14 21 22	61 27 55 80 47	4 3 5 2 4		12,182 6,447 15,183 2,164 4,326
TOTAL COURT DISPOSITIONS	181	18.69	20	50	4		6,903
TOTAL UNPAID CLAIM DISPOSITIONS	° 968	100.00	14	34	4		2,706

DISPOSITION	NO OF CLAIM REPORTS	%	INC RPT	INC QSP	AVG SEV	AVG INDEMNITY PER CLAIM	AVG EXPENSE PER CLAIM
IN FAVOR OF PLAINTIFF							
BEFORE FILING SUIT OR HEARING BEFORE TRIAL OR HEARING DURING TRIAL OR HEARING AFTER TRIAL/HEARING, BEFORE DECISION NOT SPECIFIED	183 206 3 2 4	34.92 39.31 .57 .38 .76	15 16 22 36	28 46 50 61 6	3 5 4 4 3	21,927 67,982 50,666 15,000 4,965	2,177 8,078 12,678 16,926 269
TOTAL SETTLED	398	75.95	16	37	4	45,776	5,366
COURT DISPOSITIONS							
DIRECTED VERDICT FOR PLAINTIFF ; JUDGEMENT NWS VERDICT FOR DEFENDANT JUDGEMENT FOR PLAINTIFF FOR PLAINTIFF AFTER APPEAL ALL OTHER	24 3 10 2 87	4.58 .57 1.90 .38 16.60	. 13 · 26 20 20 16	48 74 62 82 43	5 7 5 4 5	106,923 69,500 108,830 34,275 80,695	11,164 12,277 21,682 13,040 9,657
TOTAL COURT DISPOSITIONS	126	24.04,	. 1.6	47	5	86,920	11,014
TOTAL PAID CLAIM DISPOSITIONS	524	100.00	. 16	40	4	55,670	6,724

DISPOSITION	NO OF CLAIM REPORTS	% 	INC RPT	INC DSP	AVG SEV	AVG INDEMNITY PER CLAIM	AVG EXPENSE PER CLAIM
IN FAVOR OF DEFENDENT CLAIM OR SUIT ABANDONED	775	83.96	12	29	ł;		1,086
COURT DISPOSITIONS							,
DIRECTED VERDICT FOR DEFENDENT JUDGEMENT NWS FOR PLAINTIFF JUDGEMENT FOR DEFENDANT FOR DEFENDANT AFTER APPEAL ALL OTHERS INCLUDING DISMISSALS	29 12 15 6 86	3.14 1.30 1.62 .65 9.31	20 12 19 8 22	55 54 50 58 50	4 4 5 5		8,841 3,918 10,979 5,633 5,013
TOTAL COURT DISPOSITIONS	148	16.03	20	52	4		6,304
TOTAL UNPAID CLAIM DISPOSITIONS	923	100.00	· 13	32	4		1,922

TABLE XII

Financial Data in Market Share Order (Derived from Page 14 Supplement)

The source of these tables is independent of the closed claim data used for all the preceding tables. The matter here is financial. These reports show which insurer writes premium in five categories of malpractice insurance:

- A Physicians and Surgeons
- B Dentists
- C Nurses
- D Hospitals
- E Other
- F Total

The reports are sequenced by market share and show the name of the insurer, the premium written, premium earned, losses paid, losses incurred, cash flow loss ratio, true loss ratio and percent unpaid. Percent unpaid is deductible from the true loss ratio, since it is calculated thus:

Losses Incurred - Losses Paid
Premium Earned

DIVISION OF INSURANCE TOTAL MEDICAL MALPRACTICE LIABILITY WITH MARKET SHARE EXPERIENCE FOR 1986 IN THE STATE OF MISSOURI

овѕ	NAIC GROUP	NAIC CODE	PREMIUN WRITTEN		COMPANY NA	ME		
1234567890112314567890112314567890123	164 2476 000 32654 861 4040 000 36666 000 11843 000 33367 861 33863 000 16349 218 20443 000 28800 091 22357 164 24791 076 22810 000 15865 218 20427 901 22748 012 19445 143 23906 218 20478 929 12246 901 22713 775 13714 189 25658		54 \$16,141,357 16.91 51 \$14,801,582 15.51 58 \$10,230,166 10.72 57 \$9,656,062 10.12 53 \$5,619,454 5.888 59 \$2,379,957 2.493 51 \$1,702,567 1.784 51 \$690,806 0.724 51 \$690,806 0.724 52 \$449,777 0.471 53 \$357,733 0.471 54 \$357,733 0.375 54 \$357,733 0.375 55 \$322,061 0.337 66 \$307,664 0.322 88 \$203,971 0.214 5123,086 0.129 6 \$112,337 0.118		ST PAUL FIRE & MARINE INSURANCE CO MEDICAL DEFENSE ASSOCIATES PROVIDERS INS CO MISSOURI MEDICAL INSURANCE COMPANY MEDICAL PROTECTIVE COMPANY RISK CONTROL ASSOCIATES INC MISSOURI PROFESSIONAL LIABILITY INSASSO PROFESSIONAL MUTUAL INS CO CONTINENTAL CASUALTY COMPANY INSURANCE CORPORATION OF AMERICA HARTFORD ACCIDENT & INDEMNITY CO ST PAUL MERCURY INSURANCE COMPANY CHICAGO INSURANCE COMPANY NATIONAL CHIROPRACTIC MUTUAL INS CO AMERICAN CASUALTY CO OF READING PA PACIFIC EMPLOYERS INSURANCE COMPANY NATIONAL UNION FIRE INS CO OF PITTSBURG NORTHWESTERN NATIONAL CASUALTY CO NATIONAL FIRE INS CO OF HARTFORD AMERICAN CONTINENTAL INSURANCE CO INSURANCE COMPANY OF NORTH AMERICA DRUGGISTS MUTUAL INSURANCE COMPANY TRAVELERS INDEMNITY COMPANY			
OBS	PREMIT EARNEI		DIRECT LOSSES PAID	DIRECT LOSSES INCURRED ,	TRUE LOSS RATIO	CASH FLOW LOSS RATIO	PERCENT UNPAID	
1 2 3 4 5 6 7 8 9 0 11 12 13 14 15 16 17 18 19 20 21 22 22 23	\$15,559, \$14,436, \$21,017, \$5,7956, \$5,946, \$13,031, \$13,031, \$1,344, \$1,344, \$16,345, \$151, \$358, \$35	369 088 5883 - 441 793 464 5919 390 274 329 090 417 026 938 337 163	\$8,006,397 \$7,196,577 \$1,899,272 \$3,282,910 \$6,184,857 \$287,247 \$7,627,665 \$2,692,341 \$-446,551 \$36,000 \$205,822 \$324,452 \$108,831 \$38,500 \$4,806 \$824,301 \$579,038 \$14,063 \$10,000	\$12,240,290 \$8,743,667 \$4,331,512 \$8,200,322 \$11,035,284 \$7,645,643 \$19,377,981 \$-763,554 \$5,541,496 \$314,748 \$309,777 \$733,743 \$280,733 \$150,630 \$637,895 \$26,990 \$2,409,964 \$-7,266 \$145,586 \$155,586 \$155,586 \$155,586 \$155,586 \$155,586 \$155,586 \$155,586 \$155,586 \$155,586 \$155,586 \$155,586 \$155,586 \$155,586 \$155,586 \$155,586 \$155,5	79 61 139 126 129 149 -31 426 23 40 108 70 42 175 7 1592 -2 73 -434 49 326	42.1 44.6 12.8 32.1 62.2 3.0 135.7 113.1 -26.2 26.9 47.0 24.2 8.9 0.0 1.3 255.9 0.0 0.2 293.9 0.2 293.9	27 11 12 83 55 124 90 -142 460 21 14 61 43 31 175 6 1047 -2 73 151 -434 34 318	

DIVISION OF INSURANCE TOTAL MEDICAL MALPRACTICE LIABILITY WITH MARKET SHARE EXPERIENCE FOR 1986 IN THE STATE OF MISSOURI

OBS	NAIC GROUP	NAIC	PREMIUM WRITTEN	MARKET SHARE	INSURANCE CO OF THE STATE OF PA AETNA CASUALTY AND SURETY COMPANY ARGONAUT MIDWEST INSURANCE COMPANY HARTFORD FIRE INSURANCE COMPANY CHURCH MUTUAL INSURANCE COMPANY JEFFERSON INSURANCE CO OF NEW YORK WESTERN CASUALTY AND SURETY COMPANY INTERSTATE INDEMNITY COMPANY NORTH STAR REINSURANCE CORPORATION GLENS FALLS INSURANCE COMPANY THE TWIN CITY FIRE INSURANCE COMPANY SAFECO INSURANCE CO OF AMERICA CONTINENTAL INSURANCE COMPANY THE NORTHWESTERN NATIONAL INS CO CIGNA INSURANCE COMPANY WESTERN FIRE INSURANCE COMPANY WESTERN FIRE INSURANCE COMPANY UNITED STATES FIDELITY & GUARANTY CO MARYLAND CASUALTY COMPANY HOME INDEMNITY COMPANY THE HOME INSURANCE COMPANY INTERNATIONAL INSURANCE COMPANY INTERNATIONAL INSURANCE COMPANY FORUM INSURANCE COMPANY AETNA CASUALTY & SURETY CO OF IL AUTOMOBILE INS CO OF HARTFORD CT STANDARD FIRE INSURANCE COMPANY ALLSTATE INSURANCE COMPANY ALLSTATE INSURANCE COMPANY ANDERSON FIRE INSURANCE COMPANY ARGONAUT INSURANCE COMPANY PACIFIC INDEMNITY COMPANY FORTHERN INSURANCE COMPANY ARGONAUT INSURANCE COMPANY ARGONAUT INSURANCE COMPANY ARGONAUT INSURANCE COMPANY ARETICAN HOME ASSURANCE COMPANY ARETICAN HOME ASSURANCE COMPANY ARETICAN HOME ASSURANCE COMPANY AETNA FIRE UNDERWRITERS INS CO NORTH RIVER INSURANCE COMPANY AETNA FIRE UNDERWRITERS INS CO NORTH RIVER INSURANCE COMPANY AETNA FIRE UNDERWRITERS INS CO NORTH RIVER INSURANCE COMPANY AETNA FIRE UNDERWRITERS INS CO NORTH RIVER INSURANCE COMPANY AETNA FIRE UNDERWRITERS INS CO WESTCHESTER FIRE INSURANCE COMPANY SELECT INSURANCE COMPANY SELECT INSURANCE COMPANY TRANSAMERICA INSURANCE COMPANY TRANSAMERICA INSURANCE COMPANY TRANSAMERICA INSURANCE COMPANY TRANSAMERICA INSURANCE COMPANY TRANSAMERICA INSURANCE COMPANY TRANSAMERICA INSURANCE COMPANY TRANSAMERICA INSURANCE COMPANY TRANSAMERICA INSURANCE COMPANY TRANSAMERICA INSURANCE COMPANY TRANSAMERICA INSURANCE COMPANY TRANSAMERICA INSURANCE COMPANY TRANSAMERICA INSURANCE COMPANY TRANSAMERICA ONSURANCE COMPANY TRANSAMERICA INSURANCE COMPANY TRANSAMERICA INSURANCE COMPANY TRANSAMERICA ONSURANCE COMPANY	PREMIUM EARNED	DIRECT LOSSES PAID	DIRECT LOSSES INCURRED	TRUE LOSS RATIO	CASH FLOW LOSS RATIO	PERCENT UNPAID
24 25	001	19429 19038	\$80,820 \$71,983	0.085 0.075	INSURANCE CO OF THE STATE OF PA AETNA CASUALTY AND SURETY COMPANY	\$70,285 \$-137,560	\$0 \$1,337,015	\$20,970 \$125,558	30 -91	0.0 1857.4	30 881
26 27	215 091	19828	\$47,963 \$31,335	0.050	ARGONAUT MIDWEST INSURANCE COMPANY HARTFORD FIRE INSURANCE COMPANY	\$48,996	\$1,794,722	\$1,076,050	40	3741.9 0.0	0 40
28	000	18767	\$29,516	0.031	CHURCH MUTUAL INSURANCE COMPANY	\$25,110	\$o	\$3,492	14	0.0	14
29	486	11630	\$23,172	0.024	JEFFERSON INSURANCE CO OF NEW YORK	\$43,152	\$29,000	\$40,619	94	125.2	27 392
30 31	020 076	26093	\$20,758 \$20,683	0.022	INTERSTATE INDEMNITY COMPANY	\$16,261 \$16 340	\$100,450	\$171,490	21	0.0	21
32	080	22047	\$7,900	0.008	NORTH STAR REINSURANCE CORPORATION	\$7,900	šŏ	\$-495,999	-6278	0.0	-6278
33	048	34622	\$5,572	0.006	GLENS FALLS INSURANCE COMPANY THE	\$6,764	\$0	\$-6	-0	0.0	-0
34	091	22411	\$4,688	0.005	TWIN CITY FIRE INSURANCE COMPANY	\$17,684	\$0	\$-7,643	-43	7201 2	-43 -1059
35 36	163 048	24740 35289	\$4,480	0.005	CONTINENTAL INSURANCE COMPANY THE	\$3,608	\$25,000	\$98.078	2718	705.2	2025
37		23914	\$2,500	0.003	NORTHWESTERN NATIONAL INS CO	\$2,507	\$0	\$-2,876	-115	0.0	-115
38	901	22667	\$2,177	0.002	CIGNA INSURANCE COMPANY	\$1,932	Ş0	\$-237,234	-12279	0.0	-12279
39	020	26107	\$809	0.001	WESTERN FIRE INSURANCE COMPANY	\$809 \$1178	\$0 \$0	\$0 \$0	ű	0.0	0
40 41	196	19704 25887	\$223 \$430	0.001	UNITED STATES FIDELITY & GUARANTY CO	\$568	\$143.833	\$137,233	24161	33449.5	-1162
42	011	19356	\$352	0.000	MARYLAND CASUALTY COMPANY	\$335	\$156,489	\$1,989	594	44457.1	-46119
43		22519	\$330	0.000	HOME INDEMNITY COMPANY THE	\$399	\$0	\$5,000	1253	0.0	1253 0
44 45	095 031	22527 20087	\$327	0.000	NATIONAL INDEMNITY COMPANY	\$300	\$0	S-643	-21	0.0	-21
46		21083	\$125	0.000	INTERNATIONAL INSURANCE COMPANY	\$1,088	\$ŏ	\$-7,393	-680	0.0	-680
47	414	17680	\$0	0.000	FORUM INSURANCE COMPANY	\$0	\$0	\$746	0	0.0	0
48		19046	şo	0.000	AETNA CASUALTY & SURETY CO OF IL	\$0 \$0	\$0 \$0	\$-18	0	0.0	0
49 50		19062 19070	50 \$0	0.000	STANDARD FIRE INSURANCE COMPANY	\$393	\$1,488,428	\$-774.659	-197114	0.0	-575849
51		19232	\$0	0.000	ALLSTATE INSURANCE COMPANY	\$0	\$0	\$-9,700	0	0.0	0
52	011	19372	\$0	0.000	NORTHERN INSURANCE CO OF NEW YORK	\$0	\$0	\$-441	0	0.0	0
53 54		19380	Ş0	0.000	AMERICAN HOME ASSURANCE COMPANY	\$0 \$0	\$100,000	\$256,001	Ü	0.0	0
55	215 038	19801 20281	Š0	0.000	FEDERAL INSURANCE COMPANY	ŝo	\$727,716	\$1.875.092	ŏ	0.0	ŏ
56		20346	\$ŏ	0.000	PACIFIC INDEMNITY COMPANY	\$0	\$100,000	\$100,000	0	0.0	0
57		20354	\$0	0.000	SEA INSURANCE COMPANY LIMITED	\$0 60	\$5,756	\$3,382	0	0.0	0
58 59		20397 20699	\$0 \$0	0.000	AFTNA INSURANCE COMPANY	\$0 \$0	\$28,500	\$-689,102	ű	0.0	Ö
60		20702	šo	0.000	AETNA FIRE UNDERWRITERS INS CO	\$ 7	\$ŏ	\$-240	-3429	0.0	-3429
61	052	21105	\$0	0.000	NORTH RIVER INSURANCE COMPANY THE	\$0	\$0	\$1,655,141	0	0.0	0
62		21113	şo	0.000	UNITED STATES FIRE INSURANCE CO	\$272	\$0 \$0	\$-10,498	-3860	0.0	-3860 0
63 64		21121 21326	50 \$0	0.000	FMPIRE FIRE AND MARINE INSURANCE CO	\$192	\$23,500	S-91.684	-47752	0.0	-59992
65		22209	šo	0.000	ATLANTIC INSURANCE COMPANY	\$0	\$0	\$-17,180	0	0.0	0
66	041	22217	\$0	0.000	GULF INSURANCE COMPANY .	\$0	\$151,827	\$30,692	0	0.0	0
67		22233	Ş0	0.000	SELECT INSURANCE COMPANY	\$0 \$0	\$0 \$0	5-587 5-478	Ü	0.0	0 0
68 69		24384 24775	50 \$0	0.000	ST PAUL GUARDIAN INSURANCE COMPANY	\$0 \$0	\$0 \$0	\$-199	0	0.0	ő
70	185	25534	ξŏ	0.000	TRANSAMERICA INSURANCE COMPANY	\$ŏ	\$10,000	\$-6,035	ŏ	0.0	· 0
71		25895	\$0	0.000	UNITED STATES LIABILITY INSURANCE CO	Ş0	\$0	\$-927	0	0.0	0
72 73		32352 35270	\$0 \$0	0.000	FIDELITY AND CASHALTY CO OF MY	\$0 \$0	\$12,000	\$-21,304 \$-122	0	0.0	0 0
74		35718	\$0 \$0	0.000	PHICO INSURANCE COMPANY	ξŏ	šŏ	\$-2,453	ŏ	ŏ.ŏ	ŏ

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NOVEMBER 25, 1987

DIVISION OF INSURANCE TOTAL MEDICAL MALPRACTICE LIABILITY WITH MARKET SHARE EXPERIENCE FOR 1986 IN THE STATE OF MISSOURI

OBS	NAIC GROUP	NAIC CODE	PREMIUM WRITTEN			COMPANY NAME	
75 76 77 78 79 80 81	761 008 929 163 044 048 610	36420 36455 41823 24732 20621 20850 11401	\$-322	000 000 002	NORTHBROOK I MULTI MEDICA GENERAL INSU COMMERCIAL U FIREMENS INS	ERWRITERS INSUINDEMNITY CO AL INSURANCE C PRANCE CO OF A PRION INSURANC CO OF NEWARK TIONAL INSURAN	OMPANY MERICA E COMPANY , NEW JERSEY
			\$95,446,821	•			
OBS		MIUM	DIRECT LOSSES PAID	DIRECT LOSSES INCURRED	TRUE LOSS RATIO	CASH FLOW LOSS RATIO	PERCENT UNPAID
75		\$0 \$0 \$0	\$0 \$0	\$7,272	0.0	Ō	0
76		\$0	\$0	\$-10,700	0.0	0	0
77		\$0	\$91,000	\$2,116	0.0	0	0
78		\$169	\$27,557	\$ - 5,505	-3257.4	-41130	-19563
79		\$19	\$0 \$0	\$0	0.0	0	0
80	\$	5-454	\$0	\$ - 1,182	260.4	0	260
81		\$898	\$4,000	\$59,499	6625.7	-207	6180
	\$93,950,328		\$45,624,801	\$91,841,912	97.76%	47.80%	

DIVISION OF INSURANCE MEDICAL MALPRACTICE LIABILITY FOR PHYSICIANS & SURGEONS WITH MARKET SHARE EXPERIENCE FOR 1986 IN THE STATE OF MISSOURI

OBS	NAIC GROUP	NAIC	PREMIUM WRITTEN	MARKET SHARE	COMPANY NAM	Ε	
1 2 3 4 5 6 7 8 9 1 1 1 2 1 3 1 4 5 1 7 1 8 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	000 164 000 000 000 218 000 218 901 218 164 861 091 076 091 610 414 001 001 008 038	32654 24767 36668 33367 11843 16349 20443 28800 20478 22748 24791 40401 19682 22837 22411 11401 17680 19038 19070 19232 20346	\$16,047,457 \$13,963,525 \$10,230,166 \$9,656,062 \$8,935,060 \$2,379,857 \$1,702,567 \$1,124,497 \$395,106 \$258,661 \$203,971 \$161,138 \$81,465 \$31,368 \$24,688 \$4,688	24.61 21.42 15.69 14.81 13.7 3.650 2.611 1.725 0.606 0.397 0.313 0.247 0.125 0.048 0.032 0.007 0.000 0.000 0.000 0.000 0.000	ST PAUL FIR MISSOURI ME RISK CONTRO MEDICAL PRO PROFESSIONA CONTINENTAL INSURANCE C AMERICAN CA PACIFIC EMP NATIONAL FI ST PAUL MER PROVIDERS I HARTFORD FI INTERSTATE TWIN CITY F GUARANTY NA FORUM INSUR AETNA CASUA AUTOMOBILE STANDARD FI ALLSTATE IN	ENSE ASSOCIATE E & MARINE INS DICAL INSURANC L ASSOCIATES I TECTIVE COMPAN L MUTUAL INS C CASUALTY COMP ORPORATION OF SUALTY CO OF R LOYERS INSURAN RE INS CO OF H CURY INSURANCE NS CO INDEMNITY COMP IRE INSURANCE TIONAL INSURAN ANCE COMPANY LTY AND SURETY INS CO OF HART RE INSURANCE C SURANCE COMPANY LTY COMPANY LTY COMPANY EMILY COMPANY EMILY COMPANY EMILY COMPANY EMILY COMPANY	EURANCE CO EE COMPANY NC IY OO PANY AMERICA EEADING PA ICE COMPANY ICE COMPANY COMPANY COMPANY ICE COM
OBS	PREMI EARNE		DIRECT LOSSES PAID	DIRÈCT LOSSES INCURRED	TRUE LOSS RATIO	CASH FLOW LOSS RATIO	PERCENT UNPAID
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	\$285 \$199 \$161 \$121 \$48 \$16	6,849 6,583 6,441 4,603 6,512 1,464	\$7,196,577 \$5,867,280 \$3,282,910 \$287,247 \$5,403,759 \$2,298,491 \$-446,551 \$36,000 \$3,460 \$3,81 \$0 \$186,883 \$0 \$0 \$114,101 \$0 \$1,484,928 \$0 \$1,484,928	\$8,743,667 \$9,548,533 \$8,200,322 \$7,645,643 \$9,975,213 \$-1,080,752 \$5,541,496 \$314,748 \$637,805 \$145,586 \$145,586 \$19,801 \$3,387 \$-7,643 \$-2,165 \$202,181 \$-100,175 \$-824,449 \$100,000	60.6 86.5 138.9 128.6 125.1 -44.7 425.8 23.4 175.2 6.8 73.1 35.5 99.0 40.7 -43.2 -2232.0 0.0 0.0 0.0	44.846 42.019 32.090 2.975 60.478 96.581 -26.228 3.201 0.000 1.338 0.187 0.000 229.403 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000	10.7 33.4 83.3 123.7 57.3 -139.8 460.1 20.7 175.2 5.6 73.0 35.5 -54.6 40.4 20.7 -43.2 -2232.0 0.0 0.0 0.0 0.0

DIVISION OF INSURANCE MEDICAL MALPRACTICE LIABILITY FOR PHYSICIANS & SURGEONS WITH MARKET SHARE EXPERIENCE FOR 1986 IN THE STATE OF MISSOURI

OBS	NAIC GROUP	NAIC CODE	PREMIUM WRITTEN	MARKET SHARE	COMPANY NAM	E	
24 25 27 28 29 31 31 31 31 31 31 31 31 31 31 31 31 31	038 038 901 901 052 052 041 041 091 163 163 163 189 196 020 048 711	20354 20397 20699 20702 21105 21113 22209 22217 24732 24740 25658 25887 26093 35289 35718 36455	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000	VIGILANT IN AETNA INSUR AETNA FIRE NORTH RIVER UNITED STAT ATLANTIC IN GULF INSURA SELECT INSU HARTFORD AC GENERAL INSU TRAVELERS I UNITED STAT WESTERN CAS CONTINENTAL PHICO INSUR	CE COMPANY LIM SURANCE COMPANY UNDERWRITERS I INSURANCE COMPANY NCE COMPANY RANCE COMPANY RANCE COMPANY CIDENT & INDEM URANCE CO OF A RANCE CO OF A NDEMNITY COMPA ES FIDELITY & UALTY AND SURA INSURANCE CO ANCE COMPANY INDEMNITY CO	IY NS CO IPANY THE INCE CO IY IN ITY CO IMERICA IERICA INY GUARANTY CO ITY COMPANY
OBS		EM I UM RNED	DIRECT LOSSES PAID	DIRECT LOSSES INCURRED	TRUE LOSS RATIO	CASH FLOW LOSS RATIO	PERCENT UNPAID
24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 40 41		\$0 \$0 \$7 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$28,500 \$0 \$0 \$0 \$0 \$0 \$151,827 \$0 \$7,500 \$27,557 \$327,100 \$10,000 \$0 \$0 \$0 \$0	\$2,456 \$-689,102 \$-580 \$-240 \$1,655,141 \$-10,468 \$-17,180 \$30,742 \$-493 \$2,500 \$-6,631 \$284,879 \$356,726 \$-12,202 \$165,000 \$-198 \$-2,453 \$-10,700	0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0	0 0 0 0 0 0 0 0 0 0	0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0
	\$51,558		\$26,367,950	\$50,998,482	98.91%	40.44%	

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DIVISION OF INSURANCE MEDICAL MALPRACTICE LIABILITY FOR DENTISTS WITH MARKET SHARE EXPERIENCE FOR 1986 IN THE STATE OF MISSOURI

OBS	NAIC GROUP	CODE		RKET COMPANY ARE	NAME .	PREMIUM EARNED	DIRECT LOSSES PAID	DIRECT LOSSES INCURRED		CASH FLOW LOSS RATIO	PERCENT UNPAID
1	164	24767	\$2.048,485 64.	.76 ST PAUL	FIRE & MARINE INSURANCE CO	\$1,870,090	\$1,205,143	\$1,256,857	67	59	3
2	000		\$1,002,096 31.		PROTECTIVE COMPANY	\$782,143	\$781,098	\$1,060,071	136	59 78	36
3	000	32654	\$93,900 2.9		DEFENSE ASSOCIATES	\$17,962		\$0		ŏ	0
4	164	24791	\$12,862 0.4		MERCURY INSURANCE COMPANY	\$12,648		\$-12,126	-9č	ŏ	-96
5	189	25658	\$5,980 0.1		RS INDEMNITY COMPANY	\$4,084	\$0	\$-27,184	-666	Ŏ	-666
6	001	19046	\$0 0.0	000 AETNA CA	ASUALTY & SURETY CO OF IL	\$0	\$0	\$-18	0	Ö	0
7	001	19070	\$0 0.0	000 STANDARD	FIRE INSURANCE COMPANY	\$393	\$3,500	\$49,790	12669	Ŏ	11779
8	048	20850	\$0 0.0	OOO FIREMENS	S INS CO OF NEWARK, NEW JERSEY	\$0	\$0	\$-347	0	0	0
9	091	22357	\$0 0.0	000 HARTFORD	ACCIDENT & INDEMNITY CO .	\$0	\$0	\$81	.0	0 :	0
10	095	22527	\$0 0.0	OOO HOME INS	SURANCE COMPANY THE	\$-1	\$-1	\$0	Ō	0	-100
11	048	34622	\$0 0.0	000 GLENS FA	ALLS INSURANCE COMPANY THE	\$0	\$0	\$-3	0	0	0
12	048	35270	\$0 0.0	000 FIDELITY	AND CASUALTY CO OF NY	\$0	\$0	\$-58	0	0	0
13	048	35289	\$0 0.0	000 CONTINEN	TAL INSURANCE COMPANY THE	\$423	\$0	\$0	Ö	Ó	0
14	001	19038	\$-60	000 AETNA CA	ASUALTY AND SURETY COMPANY	\$2	\$11,250	\$-18,735	-936750	-187500	-1499250
			=========				_========	========	05 00%	(2.00%	
			\$3,163,317			\$2,687,744	\$2,000,990	\$2,308,328	85.88%	63,26%	

DIVISION OF INSURANCE MEDICAL MALPRACTICE LIABILITY FOR NURSES WITH MARKET SHARE EXPERIENCE FOR 1986 IN THE STATE OF MISSOURI

OBS	NAIC GROUP	NA1C CODE	PREMIUM WRITTEN	MARKET SHARE	COMPANY NAME .	PREMIUM EARNED	DIRECT LOSSES PAID	DIRECT LOSSES INCURRED	TRUE LOSS RATIO	CASH FLOW LOSS RATIO	PERCENT UNPAID
1 2 3 4 5 6 7 8 9	486 861 031 052 052 052 041 048	11630 40401 20087 21083 21113 21121 22217 35289 19038	\$18,620 \$230 \$188 \$125 \$0 \$0 \$0 \$-658 ====== \$18,505	100.6 1.243 1.016 0.675 0.000 0.000 0.000 0.000 -3.56	JEFFERSON INSURANCE CO OF NEW YORK PROVIDERS INS CO NATIONAL INDEMNITY COMPANY INTERNATIONAL INSURANCE COMPANY UNITED STATES FIRE INSURANCE COMPANY GULF INSURANCE COMPANY CONTINENTAL INSURANCE COMPANY THE AETNA CASUALTY AND SURETY COMPANY	\$32,045 \$2,612 \$3,076 \$1,088 \$272 \$0 \$0 \$-173 ====== \$38,920	\$1,000 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$12,650 \$-10,128 \$-643 \$-5,212 \$-27 \$-4 \$-50 \$95,000 \$-158,077 ======= \$-66,491	39.5 -387.7 -20.9 -479.0 -9.9 0.0 0.0 0.0 91374.0	5.37 0.00 0.00 0.00 0.00 0.00 0.00 -759.88 32.42%	36.4 -387.7 -20.9 -479.0 -9.9 0.0 0.0 0.0 94264.2

DIVISION OF INSURANCE MEDICAL MALPRACTICE LIABILITY FOR HOSPITALS WITH MARKET SHARE EXPERIENCE FOR 1986 IN THE STATE OF MISSOURI

000	NAIC	MALC	PREMIUM	MARKET	COMPANY NA	MF	
OBS	NAIC GROUP	CODE	WRITTEN	SHARE	COM ANT MA	•••-	
1 2 3 4 5 6 7 8 9 0 11 12 13 14 15 16 17 18 19 22 22 23	861 861 164 091 164 929 189 901 0015 088 048 901 000 610 215 048 052 158 163	40401 33863 24767 22357 24791 12246 25658 22748 22713 19038 19828 22047 34622 35289 22667 16349 11401 19801 20850 21113 24384 24732	\$14,235,667 \$5,619,454 \$3,021,164 \$765,258 \$516,806 \$197,020 \$100,937 \$94,621 \$79,647 \$47,963 \$7,900 \$5,572 \$3,712 \$2,177 \$100 \$0 \$0 \$0 \$0	57.47 22.69 12.2 3.089 2.086 0.795 0.407 0.382 0.322 0.293 0.194 0.032 0.022 0.015 0.009 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000	ST PAUL FII HARTFORD AI ST PAUL MEI AMERICAN CO TRAVELERS PACIFIC EM INSURANCE I AETNA CASU. ARGONAUT M NORTH STAR GLENS FALL: CONTINENTA CIGNA INSUI PROFESSION. GUARANTY N. ARGONAUT II FIREMENS II INTERNATIO UNITED STA' RANGER INSI		MNITY CO E COMPANY URANCE CO ANY NCE COMPANY TH AMERICA Y COMPANY CE COMPANY ORPORATION MPANY THE MPANY THE CO NCE COMPANY NY K, NEW JERSEY ANCE CO
OBS	PREM I EARNE		DIRECT LOSSES PAID	DIRECT LOSSES INCURRED	TRUE LOSS RATIO	CASH FLOW LOSS RATIO	PERCENT UNPAID
123456789011231456789012314567892223	\$502 \$177 \$113 \$103 \$45 \$-137 \$6	,793 ,569 ,258 ,604 7,508 3,530 3,243	\$1,679,487 \$7,627,665 \$932,474 \$0 \$324,452 \$579,038 \$0 \$1,250 \$1,186,334 \$1,475,443 \$0 \$0 \$0 \$393,850 \$100,000 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$1,000 \$0 \$0 \$1,000 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$3,731,423 \$19,377,981 \$1,033,400 \$183,616 \$846,339 \$55,931 \$7,017 \$50,000 \$82,977 \$6,638,113 \$-495,999 \$-7,462 \$-237,234 \$317,198 \$40,000 \$17,435 \$-2,181 \$-2,181 \$-2,181 \$-2,181 \$-3 \$-478 \$1	18 149 39 24 137 477 49 7 109 -60 0 -6278 0 -230 -12279 1607 0 0 0	12 136 31 0 63 294 0 1633 3076 0 0 0 393850 0 0	10 90 4 24 72 151 49 6 109 803 0 -6278 0 -230 -12279 -388 0 0 0 0

DIVISION OF INSURANCE MEDICAL MALPRACTICE LIABILITY FOR HOSPITALS WITH MARKET SHARE EXPERIENCE FOR 1986 IN THE STATE OF MISSOURI

OBS	NAIC GROUP	NA1C CODE	PREMIUI Writtei		COMPANY N	IAME		
24 25 26 27 28	163 164 304 048 929	24740 24775 32352 35270 41823	\$(\$(\$(0.000	ST PAUL G PRUDENTIA FIDELITY	ISURANCE CO OF UARDIAN INSURA L PROPERTY & C AND CASUALTY C ICAL INSURANCE	ANCE COMPANY CASUALTY INS CO CO OF NY	
OBS	PREMIUM EARNED		DIRECT LOSSES PAID	DIRECT LOSSES INCURRED	TRUE LOSS RATIO	CASH FLOW LOSS RATIO	PERCENT UNPAID	
24 25 26 27 28	**************************************	\$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$12,000 \$0 \$91,000	\$2 \$-199 \$-27,304 \$-8 \$2,116	0 0 0 0 0	0 0 0 0 0	0 0 0 0	
	\$37,477,	487	\$14,402,993	\$32.301.179	86.19%	58.15%		

DIVISION OF INSURANCE MEDICAL MALPRACTICE LIABILITY FOR ALL OTHER WITH MARKET SHARE EXPERIENCE FOR 1986 IN THE STATE OF MISSOURI

					Will think of the Entertain to the 1900	,					
OBS NA	AIC ROUP	NA I C CODE	PREMIUM WRITTEN		COMPANY NAME	PREMIUM EARNED	DIRECT LOSSES PAID	DIRECT LOSSES INCURRED	TRUE LOSS RATIO	CASH FLOW LOSS RATIO	
1 2 3 4 5 6 7 8 9 0 1 1 2 3 4 5 6 7 8 9 0 1 1 2 3 1 4 5 6 7 8 9 0 1 1 2 3 1 4 5 6 7 8 9 0 1 1 2 3 1 4 5 6 7 8 9 0 1 1 2 3 1 4 5 6 7 8 9 0 1 1 2 3 1 4 5 6 7 8 9 0 1 1 2 3 1 4 5 6 7 8 9 0 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 3 3 1 2 3 3 3 3	8610 0012 1770 9000 4863 1601 1600 1771 1600 1771 1771 1771 1771	CODE 40401 15865 19445 139714 223714 22767 124748 223914 222767 125767 1	\$484,220 \$431,994 \$322,061 \$307,664 \$112,337 \$80,820 \$43,276 \$29,756 \$20,756 \$20,756 \$4,552 \$4,451 \$2,500	26.2 23.37 17.43 16.65 6.078 4.373 2.342 1.597 1.123 0.244 0.038 0.003 0.019 0.018 0.0000 0.000	PROVIDERS INS CO NATIONAL CHIROPRACTIC MUTUAL INS CO NATIONAL UNION FIRE INS CO OF PITTSBURG NORTHWESTERN NATIONAL CASUALTY CO DRUGGISTS MUTUAL INSURANCE COMPANY INSURANCE CO OF THE STATE OF PA INSURANCE COMPANY OF NORTH AMERICA CHURCH MUTUAL INSURANCE COMPANY WESTERN CASUALTY AND SURETY COMPANY JEFFERSON INSURANCE CO OF NEW YORK SAFECO INSURANCE CO OF AMERICA PACIFIC EMPLOYERS INSURANCE COMPANY NORTHWESTERN NATIONAL INS CO WESTERN FIRE INSURANCE COMPANY HARTFORD ACCIDENT & INDEMNITY CO AMERICAN STATES INSURANCE COMPANY UNITED STATES FIDELITY & GUARANTY CO MARYLAND CASUALTY COMPANY HOME INDEMNITY COMPANY THE HOME INSURANCE COMPANY AETNA CASUALTY AND SURETY COMPANY NORTHERN INSURANCE COMPANY ARGONAUT MIDWEST INSURANCE COMPANY SEA INSURANCE COMPANY SEA INSURANCE COMPANY SEA INSURANCE COMPANY SEA INSURANCE COMPANY SI PAUL FIRE & MARINE INSURANCE CO SELECT INSURANCE COMPANY SI PAUL FIRE & MARINE INSURANCE CO GLENS FALLS INSURANCE COMPANY UNITED STATES LIABILITY INSURANCE CO GLENS FALLS INSURANCE COMPANY ALLIANZ UNDERWRITERS INSURANCE COMPANY GENERAL INSURANCE COMPANY HE FIDELITY AND CASUALTY CO OF NY ALLIANZ UNDERWRITERS INSURANCE COMPANY GENERAL INSURANCE CO OF AMERICA CONTINENTAL INSURANCE COMPANY THE	\$710,731 \$358,329 \$151,417 \$309,026 \$95,163 \$70,285 \$20,661 \$25,110 \$16,581 \$11,107 \$3,837 \$7,942 \$2,507	\$32,902 \$38,500 \$824,301 \$0 \$14,063 \$106,450 \$28,000 \$106,450 \$28,000 \$198,322 \$143,833 \$156,489 \$0 \$20,330 \$20,330 \$58,000 \$319,279 \$727,716 \$5,756 \$23,500 \$10,000 \$10,000 \$0 \$0	\$489,755 \$150,630 \$2,409,964 \$-7,266 \$46,501 \$20,970 \$-337,703 \$3,492 \$6,490 \$27,969 \$1,594	RATIO 69 42 1592 49 30 -1639 252 47 -115 08696 26309 594 1253 00 00 00 -47752 00 666	LOSS RATIO 7 9 256 0 13 0 0 513 615 0 27972 0 33450 44457 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNPAID 64 31 1047 -24 30 -1639 -603 -1639 -603 -115 -11307 -986 -46119 1253 0 0 0 0 0 -59992 0 0 -4 0 0 666 21942
		20621	\$-322		COMMERCIAL UNION INSURANCE COMPANY	\$19	\$0	\$0	0	ő	0
		20850	\$-1.471	080	FIREMENS INS CO OF NEWARK, NEW JERSEY	\$-454	\$0	\$-617	136	ŏ	136
		11401	\$-1,936	105	GUARANTY NATIONAL INSURANCE COMPANY	\$801	\$4,000	\$21,664	2705	-207	2205
			\$1,848,176				\$2,738,037		336.	88% 148.15%	

MISSOURI FOR 1985 MEDICAL MALPRACTICE EXPERIENCE WITH MARKET SHARE

OBS		IA I C ODE	PREMIUM WRITTEN	MARKET SHARE	COMPANY NAM	E	
1 2 3 4 5 6 7 8 9 0 11 12 13 4 5 6 17 18 9 22 1 22 3	000 3 861 3 164 2 000 3 000 1 000 3 000 2 218 2 091 2 218 2 091 2 218 2 076 2 164 2 929 1 218 2 000 1 218 2 000 1 218 2 219 2	0401 2654 3863 4767 6668 1843 63467 8800 2357 22748 0427 22465 0478 56038 1584 1630	\$16,900,731 \$12,541,220 \$12,009,883 \$10,621,146 \$9,632,497 \$8,543,234 \$2,862,057 \$2,615,928 \$1,565,253 \$886,555 \$768,680 \$421,552 \$405,290 \$382,887 \$371,316 \$303,017 \$215,907 \$173,324 \$76,757 \$71,951 \$71,901 \$57,606	14.8 13.09 11.87	MISSOURI PR ST PAUL FIR MISSOURI ME MEDICAL PRO PROFESSIONA RISK CONTRO INSURANCE C CONTINENTAL HARTFORD AC PACIFIC EMP AMERICAN CA CHICAGO INS ST PAUL MERI AMERICAN CO NATIONAL CH NATIONAL FII DRUGGISTS MI TRAVELERS II AETNA CASUAL INTEGRITY II	NS CO ENSE ASSOCIATED OFESSIONAL LIA OFESSIONAL LIA E & MARINE INSI DICAL INSURANC TECTIVE COMPANY L MUTUAL INS CO L ASSOCIATES II ORPORATION OF A CASUALTY COMPA CIDENT & INDEMI LOYERS INSURANCE SUALTY CO OF RI URANCE COMPANY URANCE COMPANY INSURANCE NTINENTAL INSUI RE INS CO OF HA UTUAL INSURANCE NDEMNITY COMPANY NOUNCE COMPANY NSURANCE COMPANY NSURANCE COMPANY NSURANCE COMPANY	BILITY INSASSO URANCE CO E COMPANY Y O NC AMERICA ANY VITY CO CE COMPANY EADING PA COMPANY RANCE CO JAL INS CO ARTFORD E COMPANY IY COMPANY IY COMPANY
OBS	PREMIUN EARNED	М	DIRECT LOSSES PAID	DIRECT LOSSES INCURRED	TRUE LOSS RATIO	CASH FLOW LOSS RATIO	PERCENT UNPAID
12345678901123145678901123145621223	\$7,893,046 \$10,551,122 \$8,228,093 \$8,970,613 \$5,140,800 \$8,001,605,118 \$1,605,118 \$1,605,118 \$1,605,118 \$1,605,118 \$1,731 \$644,731 \$646,339 \$262,000 \$346,047 \$391,718 \$370,915 \$286,097 \$178,382 \$94,340 \$70,185 \$263,926 \$46,889		\$152,140 \$5,015,243 \$8,388,891 \$10,917,346 \$1,467,894 \$7,086,838 \$3,692,156 \$70,500 \$154,085 \$94,854 \$0 \$4,036 \$1,138,050 \$8,980 \$34,000 \$675 \$500 \$2,815,403 \$100,000	\$2,661,333 \$6,823,359 \$15,101,757 \$5,985,934 \$3,066,537 \$13,562,945 \$7,553,884 \$367,702 \$882,157 \$176,496 \$135,656 \$135,656 \$135,656 \$135,656 \$135,656 \$14,746 \$14,746 \$1,622 \$92,965 \$2,482,958 \$7,460 \$89,786	33.7 64.7 183.5 59.7 169.5 272.5 272.5 21.0 50.3 136.9 48.2 51.8 88.0 75.7 -42.8 93.6 -940.7 195.8 191.5	1 40 70 103 15 83 129 3 0 17 12 0 0 1 306 3 16 0 1 3 3932 0 174	32 17 82 -55 31 81 139 17 50 113 22 52 8 2 -231 -61 196 196 14 -22

MISSOURI FOR 1985 MEDICAL MALPRACTICE EXPERIENCE WITH MARKET SHARE

OBS	NAIC GROUP		PREMIUM WRITTEN		COMPANY NAME	PREMIUM EARNED	DIRECT LOSSES PAID	DIRECT LOSSES INCURRED	TRUE LOSS RATIO	CASH FLOW LOSS RATIO	
45678901234567890123456789012345678	GROUP 012 901 091 091 0076 610 711 0203 048 052 143 048 1596 028 232 031 463 0952 011 9095 414	19429 22713 19682 19828 22411 18767 22837 11401 35718 26093 23906 19070 34622 21083 23914 35289 24740 21326 20354 10472 20850 24384 25887 197281 25895 20087 20621 24732 22519 211113 19372 20527 11193	WRITTEN \$45,453 \$45,194 \$43,791 \$24,243 \$791 \$24,243 \$12,995 \$12,7333 \$9,854 \$9,593 \$5,106 \$4,747 \$3,867 \$3	SHARE 0.056 0.056 0.054 0.031 0.030 0.024 0.016 0.016 0.012 0.010 0.006 0.006 0.005 0.004 0.003 0.003 0.003 0.003 0.003 0.003 0.001 0.001 0.001 0.001 0.001 0.001 0.001 0.001 0.000 0.000 0.000 0.000 0.000	INSURANCE CO OF THE STATE OF PA INSURANCE COMPANY OF NORTH AMERICA HARTFORD FIRE INSURANCE COMPANY ARGONAUT MIDWEST INSURANCE COMPANY TWIN CITY FIRE INSURANCE COMPANY OCHURCH MUTUAL INSURANCE COMPANY INTERSTATE INDEMNITY COMPANY GUARANTY NATIONAL INSURANCE COMPANY PHICO INSURANCE COMPANY WESTERN CASUALTY AND SURETY COMPANY NORTHWESTERN NATIONAL CASUALTY CO STANDARD FIRE INSURANCE COMPANY GLENS FALLS INSURANCE COMPANY HORTHWESTERN NATIONAL INSURANCE COMPANY NORTHWESTERN NATIONAL INSURANCE COMPANY NORTHWESTERN NATIONAL INSURANCE COMPANY THE SAFECO INSURANCE CO OF AMERICA EMPIRE FIRE AND MARINE INSURANCE CO SEA INSURANCE COMPANY LIMITED CAPITOL INDEMNITY CORPORATION FIREMENS INS CO OF NEWARK, NEW JERSEY RANGER INSURANCE COMPANY UNITED STATES FIDELITY & GUARANTY CO AMERICAN STATES INSURANCE COMPANY FEDERAL INSURANCE COMPANY UNITED STATES LIABILITY INSURANCE CO NATIONAL INDEMNITY COMPANY COMMERCIAL UNION INSURANCE COMPANY GENERAL INSURANCE CO OF AMERICA HOME INDEMNITY COMPANY THE UNITED STATES FIRE INSURANCE CO NORTHERN INSURANCE CO OF NEW YORK AETNA FIRE UNDERWRITERS INS CO HOME INSURANCE COMPANY AETNA CASUALTY & SURETY CO OF IL	\$47,245 \$47,245 \$47,546 \$47,546 \$47,546 \$47,546 \$112,164 \$112,854 \$112,164 \$112,854 \$112,164 \$112,854 \$112,164 \$112,854 \$112,164 \$112,854 \$112,164 \$112,854 \$112,164 \$112,854 \$112,164 \$112,854 \$112,164 \$112,854 \$112,164 \$112,854 \$112,164 \$112,854 \$112,164 \$112,854 \$112,164 \$112,854 \$112,164 \$112,854 \$112,164 \$112,854	LOSSES PAID \$0 \$7,500 \$21,985 \$1,182,985 \$1,182,985 \$0 \$0 \$0 \$0 \$0 \$1,742,969 \$0 \$0 \$1,742,969 \$0 \$0 \$1,742,969 \$0 \$1,836,133 \$0 \$1,836,133 \$0 \$1,836,133 \$0 \$1,836,133 \$0 \$0 \$13,472 \$0 \$3,276 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	LOSSES INCURRED \$121 \$-109,290 \$2,183 \$4,485,603 \$7,643 \$3,342 \$8,608 \$2,045 \$5,000 \$-113,460 \$6,741 \$38,785 \$0 \$-53,661 \$2,876 \$-93,000 \$74,751 \$22,477 \$1,943 \$0 \$-1,672 \$-1,550 \$0	LOSS	0 17 50	
59 60 61 62 63	215 150	19046 19062 19380 19801 20109	\$0 \$0 \$0 \$0	0.000 0.000 0.000 0.000	AUTOMOBILE INS CO OF HARTFORD CT AMERICAN HOME ASSURANCE COMPANY ARGONAUT INSURANCE COMPANY BITUMINOUS FIRE AND MARINE INS CO	\$0 \$0 \$0 \$0 \$72	\$0 \$2,000 \$0	\$98,227 \$21,000 \$55,299 \$0	0 0 0	0 0 0 0	0 0 0 0
64 65 66 67 68 69 70 71 72 73 74	038 901 052 041 041 901 225 164 189 304 327	20397 20699 21121 22209 22217 22233 22667 23248 24775 25666 32352 34207	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000	VIGILANT INSURANCE COMPANY AETNA INSURANCE COMPANY WESTCHESTER FIRE INSURANCE COMPANY ATLANTIC INSURANCE COMPANY GULF INSURANCE COMPANY SELECT INSURANCE COMPANY CIGNA INSURANCE COMPANY OCCIDENTAL FIRE & CAS CO OF NC ST PAUL GUARDIAN INSURANCE COMPANY TRAVELERS INDEMNITY CO OF AMERICA PRUDENTIAL PROPERTY & CASUALTY INS CO PURITAN INSURANCE COMPANY	\$0 \$143 \$9 \$42 \$3 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$4,670 \$0 \$0 \$0 \$0	\$1,454,091 \$134 \$-5 \$-27,648 \$-317,924 \$-304 \$68,055 \$-286 \$-144 \$12,230 \$-114	94 -56 0 -92960 0 0 0	0 0 0 0 0 0 0	94 -56 0 -92960 0 0 0

MISSOURI FOR 1985 MEDICAL MALPRACTICE EXPERIENCE WITH MARKET SHARE

OBS	NAIC GROUP	NAIC CODE	PREMIU WRITTE		COMPANY NAM	Ε.	
76 77 78 79 80 81 82 83 84	048 761 008 929 011 185 008 080 052 012	35270 36420 36455 41823 19356 25534 19232 22047 21105 19445	\$(\$(\$- \$-5; \$-2,14* \$-2,38* \$-8,602	0,000 7000 3000 7003 7003 2011 830	ALLIANZ UND NORTHBROOK MULTI MEDIC, MARYLAND CA TRANSAMERIC, ALLSTATE IN NORTH STAR NORTH RIVER	D CASUALTY CO CERWRITERS INSUFINDEMNITY CO AL INSURANCE COMPANY A INSURANCE COMPANY REINSURANCE COMPANY REINSURANCE COMPANY INSURANCE COMP	RANCE COMPANY OMPANY IPANY RPORATION PANY THE
OBS.	PREMIUM EARNED		DIRECT LOSSES PAID	DIRECT LOSSES INCURRED	TRUE LOSS RATIO	CASH FLOW LOSS RATIO	PERCENT UNPA D
76		\$14	\$0	ćo			
77	\$1	, 396	\$0 \$0	\$0 \$-6,738	0 -483	0	0
78		Sn.	\$ŏ	\$-27,100	-403 0	0	-483
79		\$0	\$55,683	\$-59,304	ŏ	0	0
80		\$0 \$8 \$-51	\$1,183,576	\$133,576	1669700	-16908229	-13125000
81	4	\$ - 51	\$0	\$5,632	-11043	0	-11043
82	\$32	,004	\$0	\$16,200	51	Ö	51
83 84		, 199	\$0	\$492,000	15380	Õ	15380
85 85		,544	\$1,071,854	\$760,325	831	-12461	-340
0)	\$451		\$119,017	\$1,707,946	379 _.	-18	352
	\$58,127		\$48,843,429	\$71,382,689	122.80%	60.18%	

DIVISION OF INSURANCE MEDICAL MALPRACTICE LIABILITY FOR PHYSICIANS & SURGEONS WITH MARKET SHARE EXPERIENCE FOR 1985 IN THE STATE OF MISSOURI

OBS	NAIC GROUP	NA I C CODE	PREMIUM WRITTEN	MARKET SHARE	COMPANY NAM	ME		
1 2 3 4 5 6 7 8 9 0 11 12 13 14 16 17 18 19 21 22 23	000 000 000 164 000 000 218 218 901 218 861 012 091 091 189 711 020 610 232 031 163 414	32654 36668 11843 24767 16349 33367 28800 20443 20478 40401 19482 22411 25658 35718 26093 11401 25658 35718 26093 11401 25658 35718	\$12,541,220 \$9,632,497 \$7,968,312 \$7,968,312 \$7,060,422 \$2,735,110 \$2,494,850 \$1,565,253 \$886,255 \$405,707 \$173,324 \$166,863 \$45,779 \$18,613 \$24,243 \$18,613 \$9,854 \$1,668 \$1,200	27.62 21.21 17.55 15.55 6.023 5.494 3.447 1.952 0.892 0.708 0.382 0.367 0.100 0.096 0.053 0.041 0.022 0.004 0.003 0.002 0.001 0.000	MEDICAL DEFENSE ASSOCIATES MISSOURI MEDICAL INSURANCE COMPAN' MEDICAL PROTECTIVE COMPANY ST PAUL FIRE & MARINE INSURANCE COPROFESSIONAL MUTUAL INS CO RISK CONTROL ASSOCIATES INC INSURANCE CORPORATION OF AMERICA CONTINENTAL CASUALTY COMPANY AMERICAN CASUALTY CO OF READING P. PACIFIC EMPLOYERS INSURANCE COMPAN NATIONAL FIRE INS CO OF HARTFORD PROVIDERS INS CO INSURANCE CO OF THE STATE OF PA HARTFORD FIRE INSURANCE COMPANY TWIN CITY FIRE INSURANCE COMPANY TRAVELERS INDEMNITY COMPANY PHICO INSURANCE COMPANY WESTERN CASUALTY AND SURETY COMPAI UNITED STATES LIABILITY INSURANCE NATIONAL INDEMNITY COMPANY GENERAL INSURANCE CO OF AMERICA FORUM INSURANCE COMPANY			
OBS	PREMIUM EARNED		DIRECT LOSSES PAID	DIRECT LOSSES INCURRED	TRUE LOSS RATIO	CASH FLOW LOSS RATIO	PERCENT UNPAID	
1234567890112345678901223	\$10,551,122 \$5,140,800 \$7,484,304 \$5,850,207 \$2,650,854 \$1,542,929 \$1,134,731 \$644,269 \$346,047 \$210,921 \$94,340 \$162,157 \$42,871 \$35,765 \$11,246 \$4,628 \$9,854 \$1,988 \$1,988 \$1,988 \$1,988 \$1,844 \$1,273 \$6,281 \$304 \$2,931		\$5,015,243 \$1,467,894 \$7,010,039 \$3,945,800 \$3,673,546 \$70,500 \$154,085 \$0 \$0 \$56,775 \$21,985 \$0 \$500 \$500 \$50,000 \$13,472 \$0	\$6,823,359 \$3,066,537 \$12,713,170 \$3,771,100 \$7,391,686 \$336,800 \$570,702 \$882,157 \$305,280 \$1135,656 \$184,746 \$429,121 \$2,183 \$7,643 \$158,856 \$5,000 \$-113,460 \$-2,637 \$-2,637 \$8,792 \$-7,642	65 60 170 64 279 22 50 137 88 64 196 265 0 68 3432 51 -5707 4 -207 -12 2892 -261	40 15 88 56 134 3 0 17 0 0 34 0 50 0 3 0 3597 0 0	17 31 76 -3 140 17 50 113 88 64 196 230 0 -55 68 3422 51 -8725 -207 -12 -1539 -261	

DECEMBER 1, 1987

DIVISION OF INSURANCE MEDICAL MALPRACTICE LIABILITY FOR PHYSICIANS & SURGEONS WITH MARKET SHARE EXPERIENCE FOR 1985 IN THE STATE OF MISSOURI

					-			
OBS	NAIC	NAIC	PREMIUN	MARKET -	COMPANY NA	ME		
	GROUP	CODE	WRITTEN	SHARE				
24	001	10000	*					
25	001	19038			AETNA CASU	ALTY AND SURET	TY COMPANY	
26	001	19062			AUTOMOBILE	INS CO OF HAR	RTFORD CT	
	001	19070		0.000	STANDARD F	IRE INSURANCE	COMPANY	
27 28	012	19380		0.000	AMERICAN H	OME ASSURANCE	COMPANY	
	038	20354		0.000		NCE COMPANY LI		
29	038	20397		0.000	VIGILANT I	NSURANCE COMPA	NY	
30 31	052	21113		0.000	UNITED STA	TES FIRE INSUR	RANCE CO	
32	041	22209		0.000	ATLANTIC I	NSURANCE COMPA	NY	
33	091	22357	Şū	0.000	HARTFORD A	CCIDENT & INDE	MNITY CO	
34	095 163	22527	Şu	0.000	HOME INSUR	ANCE COMPANY T	HE	
35	164	24740 24791	\$0 \$0 \$0	0.000:	SAFECO INS	URANCE CO OF A	MERICA	
36	196	25887	\$0 \$0	0.000	ST PAUL ME	RCURY INSURANC	E COMPANY	
37	185	25534			UNITED STA	TES FIDELITY &	GUARANTY CO	
38	076	22810			TRANSAMERIO	CA INSURANCE C	COMPANY	
39	008	19232				SURANCE COMPAN		
40	052	21105	\$-8,602			NSURANCE COMPA		
41	012	19445	\$-673,771		HATLONAL III	R INSURANCE CO	MPANY THE	_
	4	,,,,,,	=========		MATTOMAL U	NION FIRE INS	CO OF PITTSBUR	G
			\$45,412,106					
			+12,112,100					
OBS	PRE	MIUM	DIRECT	DIRECT	TRUE	CASH FLOW	PERCENT	
	EAR	NED	LOSSES	LOSSES	LOSS	LOSS RATIO	UNPAID	
			PAID	INCURRED	RATIO	2000 101110	Official	
24		\$ 0	\$286,768	\$-14,228	0	0	0	
25 ′		\$ 0	\$0	\$98,227	0	Ŏ	ŏ	
26		\$0	\$1,719,388	ヤリツンティイン	0	0	Ö	
27		\$ 0	\$ 0	\$21,000	0	0	Õ	
28		\$o	\$0	\$-3,536	0	0	Ō	
29 30		\$0	\$149,397	\$1,454,091	0	0	0	
30	,	\$813	\$0	\$-18,123	-2229	0	-2229	
31 32		\$0	\$4,670	\$-9,330	0	0	0	
33		\$0 \$28	\$35,000	\$-10,000	0	0	0	
34		\$28 \$928	Ş0	\$0	0	0	0	
35		\$9 <u>2</u> 0 \$0	\$0	\$74,086	7983	0	7983	
35 36	¢1	,222	\$105.000	\$25,543	5710	0	0	
37		\$-51	\$105,000 \$0	\$ - 69,775	-5710	0	-14302	
38		,488	\$0 \$0	\$5,632 \$-13,063	-11043 .	0	-11043	
39	\$32	,004	\$0 \$0	\$-13,063	-375	0	-375	
46	Š91	,544	\$1,071,854	\$16,200 \$760,564	51 931	-12061	51	
41	\$451		\$118,319	\$1,707,946	831 379	-12461	-340	
• -	======	====	=========	\$1,707,940 =========	319	-18	352	
	\$36,512	,877	\$24,980,235	\$40,839,506	111.85%	55.01%		

DIVISION OF INSURANCE MEDICAL MALPRACTICE LIABILITY FOR DENTISTS WITH MARKET SHARE EXPERIENCE FOR 1985 IN THE STATE OF MISSOURI

OBS	NAIC GROUP	NAIC CODE	PREMIUM WRITTEN	MARKET SHARE	COMPANY NAME	PREMIUM EARNED	DIRECT LOSSES PAID	DIRECT LOSSES INCURRED		CASH FLOW LOSS RATIO	PERCENT UNPAID
1	164	24767	\$1,692,808	72.17	ST PAUL FIRE & MARINE INSURANCE CO	\$1,567,713	\$614,672	\$947,420	60	36	21
2	000	11843	\$574,922		MEDICAL PROTECTIVE COMPANY	\$517,317	\$76,799	\$849,775	164	13	149
3	076	22810	\$44,642	1.903	CHICAGO INSURANCE COMPANY	\$61,828	\$0	\$30.800	50	0	50 22
4	164	24791	\$24,651		ST PAUL MERCURY INSURANCE COMPANY	\$25,125	\$0	\$5,605	22	0	22
5	001	19070	\$5,106		STANDARD FIRE INSURANCE COMPANY	\$14,374	\$23.581		-744	462	-908
6	000	33367	\$1,274		RISK CONTROL ASSOCIATES INC	\$349	\$0	\$0	0	0	0
7	038	20281		0.030	FEDERAL INSURANCE COMPANY		\$1,836,133		13598	261557	3665
8	196	25887		0.028	UNITED STATES FIDELITY & GUARANTY CO	\$680	\$0 \$0	\$3,279	482	0	482
9	048	35289		0.023	CONTINENTAL INSURANCE COMPANY THE .	\$123	\$0	\$0	.0	ο:	0
10	001	19038		0.007	AETNA CASUALTY AND SURETY COMPANY	\$4,575	\$18,472	\$55,149	1205	11263	802
11		25658		0.002	TRAVELERS INDEMNITY COMPANY .	\$20,115	Ş0	\$-18,314	-91	0	-91
12	095	22527		0.000	HOME INSURANCE COMPANY THE	\$10	\$0 \$0 \$0 \$0	\$0	.0	0	Q
13	001	19046		0.000	AETNA CASUALTY & SURETY CO OF IL	\$0 \$0	ŞO	\$35	0	0	0
. 14	011	19372		0.000	NORTHERN INSURANCE CO OF NEW YORK	\$0	ŞO	\$-3,097	0	0	0
15		20850		0.000	FIREMENS INS CO OF NEWARK, NEW JERSEY	\$423	\$0	\$0	0	0	0
16	041	22217		0.000	GULF INSURANCE COMPANY	\$325	\$0	\$-305,006		0	-93848
17	091	22357	\$0	0.000	HARTFORD ACCIDENT & INDEMNITY CO	\$41	\$0	\$-246	-600	0	-600
			\$2,345,535			\$2,231,483	\$2,569,657	\$3,971,947	178.00	% 109.56%	

DIVISION OF INSURANCE MEDICAL MALPRACTICE LIABILITY FOR NURSES WITH MARKET SHARE EXPERIENCE FOR 1985 IN THE STATE OF MISSOURI

OBS	NAIC GROUP	NAIC CODE	PREMIUM WRITTEN	MARKET SHARE	COMPANY NAME	PREMIUM EARNED	DIRECT LOSSES PAID	DIRECT LOSSES INCURRED	TRUE LOSS RATIO	CASH FLOW LOSS RATIO	PERCENT UNPAID
1 2 3 4 5 6 7 8 9 10 11 12 13	000 001 486 020 861 052 501 052 414 001 052 048	33367 19038 11630 26093 40401 21083 10472 21113 11193 19070 21121 35289 36455	\$119,804 \$51,234 \$39,792 \$7,925 \$6,445 \$3300 \$1,625 \$725 \$0 \$0 \$0 \$0 \$0	22.19 17.24 3.433 2.792 1.429 0.704 0.000 0.000 0.000 0.000	RISK CONTROL ASSOCIATES INC AETNA CASUALTY AND SURETY COMPANY JEFFERSON INSURANCE CO OF NEW YORK WESTERN CASUALTY AND SURETY COMPANY PROVIDERS INS CO INTERNATIONAL INSURANCE COMPANY CAPITOL INDEMNITY CORPORATION UNITED STATES FIRE INSURANCE CO FORUM INSURANCE COMPANY STANDARD FIRE INSURANCE COMPANY WESTCHESTER FIRE INSURANCE COMPANY CONTINENTAL INSURANCE COMPANY THE NORTHBROOK INDEMNITY CO	\$5,176 \$11,857 \$2,629 \$1,312 \$453. \$30 \$9 \$0	\$100,000 \$0 \$0 \$0 \$0 \$3,276 \$0 \$0 \$0 \$55,000	\$0 \$-323,608 \$89,728 \$0 \$11,866 \$2,840 \$-1,058 \$-23 \$-11 \$-5 \$-5,000 \$-27,100 \$-27,100 \$-27,100	254.87 0.00 100.08 108.03 0.00	0.000 48.796 251.307 0.000 0.000 0.000 451.862 0.000 0.000 0.000 0.000	0.00 -547.68 -29.18 0.00 100.08 108.03 0.00 -956.73 -76.67 0.00 -55.56 0.00

DIVISION OF INSURANCE MEDICAL MALPRACTICE LIABILITY FOR HOSPITALS WITH MARKET SHARE EXPERIENCE FOR 1985 IN THE STATE OF MISSOURI

		MILLI EIGH	KET SHAKE EXTE	WILHOL TON 19	0) IN INC 917		•••
OBS	NA1C GROUP	NAIC CODE	PREMIUM WRITTEN	MARKET SHARE	COMPANY NAME	Ē	
1234567890112314567890123	861 861 1641 1699 9001 1891 9015 1438 0488 076 0510 6115 042 052	40401 33863 24767 223791 12246 16349 22748 256713 19828 19038 23914 35289 34622 24384 22810 21083 11401 19801 20850 21105	\$15,967,613 \$12,009,883 \$1,867,916 \$767,618 \$346,665 \$303,017 \$126,947 \$99,390 \$53,371 \$20,200 \$8,378 \$25,371 \$20,200 \$8,378 \$3,4164 \$1,887 \$1,887 \$1,887 \$1,887 \$1,887 \$1,887	50.46 37.95 5.902 2.426 1.095 0.958 0.401 0.168 0.168 0.064 0.026 0.011 0.007 0.006 0.003 0.002 0.002 0.002 0.002	ST PAUL FIRIHARTFORD ACC ST PAUL MERC AMERICAN COI PROFESSIONAI PACIFIC EMPI TRAVELERS II INSURANCE CO ARGONAUT MII AETNA CASUAI NORTHWESTERI CONTINENTAL GLENS FALLS RANGER INSUI CHICAGO INSU INTERNATIONA GUARANTY NAT ARGONAUT INS		INITY CO COMPANY RANCE CO CO CO CO CO CO CO CO CO CO CO CO CO C
OBS		MIUM NED	DIRECT LOSSES PAID	DIRECT LOSSES INCURRED	TRUE LOSS RATIO	CASH FLOW LOSS RATIO	PERCENT . UNPAID
1234567890112345678901123456789012223	\$286 \$121 \$500 \$745 \$45 \$24 \$-332 \$7 \$3 \$1	,093 ,693 ,512 ,790 ,097 ,644 ,853 ,469 ,520	\$66,452 \$8,388,891 \$6,355,022 \$59,854 \$1,138,050 \$13,610 \$0 \$7,500 \$1,182,985 \$1,999,160 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$2,115,061 \$15,101,757 \$1,270,061 \$187,368 \$250,484 \$10,626 \$162,198 \$0 \$-47,577 \$6,503 \$1,700,123 \$6,741 \$2,876 \$0 \$-1,672 \$-6,144 \$-56,501 \$1,125 \$55,299 \$0 \$-239	28.7 183.5 81.8 51.3 72.4 3.7 133.3 0.0 -63.8 14.3 18293.7 -511.8 96.1 82.9 0.0 0.0 -153.0 -810.6 -5422.4 0.0 0.0 0.0	0.42 69.85 340.22 7.80 328.29 2.96 14.66 0.00 0.00 17.29 4662.74 9896.83 0.00 0.00 0.00 0.00 0.00	27.8 81.6 -327.5 34.9 -256.7 0.0 63.8 -2.2 13469.1 90.0 96.1 82.9 0.0 -153.0 -810.6 -5422.4 0.0 0.0

DIVISION OF INSURANCE MEDICAL MALPRACTICE LIABILITY FOR HOSPITALS WITH MARKET SHARE EXPERIENCE FOR 1985 IN THE STATE OF MISSOURI

						111000011	•
OBS	NAIC GROUP	NAIC CODE	PREMIU WRITTE		COMPANY NA	мЕ	•
24 25 26 27 28 29 30 31 32 33 34	095 901 164 189 196 304 048 761 929 052 080	22527 22667 24775 25666 25887 32352 35270 36420 41820 21113 22047	\$	0 0.000 0002 7008	CIGNA INSUI ST PAUL GU TRAVELERS UNITED STA PRUDENTIAL FIDELITY AI ALLIANZ UNI MULTI MEDIO UNITED STAT	ANCE COMPANY THE RANCE COMPANY ARDIAN INSURANCE INDEMNITY CO OF TES FIDELITY & PROPERTY & CAS ND CASUALTY CO DERWRITERS INSU CAL INSURANCE OF REINSURANCE OF	CE COMPANY F AMERICA GUARANTY CO BUALTY INS CO OF NY JRANCE COMPANY ANGE CO
OBS	PREI EARI	MIUM	DIRECT LOSSES PAID	DIRECT LOSSES INCURRED	TRUE LOSS RATIO	CASH FLOW LOSS RATIO	PERCENT UNPAID
24 25 26 27 28 29 30 31 32 33	\$1,		\$0 \$0 \$0 \$0 \$79,500 \$0 \$55,683 \$0 \$59,683	\$0 \$68,055 \$-144 \$-86 \$-23,014 \$12,230 \$-6,738 \$-59,304 \$-16,234 \$492,000	0.0 0.0 0.0 0.0 0.0 0.0 -482.7 0.0 3607.6 15379.8	0 0 0 0 0 0 0 0 0 0	0.0 0.0 0.0 0.0 0.0 0.0 0.0 -482.7 0.0 3607.6 15379.8
	,,		,, , , , , , , , , , , , , , , , , ,	7-2,110,424	141.13%	01.10%	

DIVISION OF INSURANCE MEDICAL MALPRACTICE LIABILITY FOR ALL OTHER WITH MARKET SHARE EXPERIENCE FOR 1985 IN THE STATE OF MISSOURI

OBS	NA I C GROUP	NAIC	PREMIUM WRITTEN	MARKET SHARE	COMPANY NA	ME	
1 2 3 4 5 6 7 8 9 0 1 1 2 3 1 4 5 6 7 8 9 0 1 1 2 3 1 4 5 6 7 1 8 9 0 1 2 2 2 3	861 076 000 775 299 000 486 076 610 048 163 059 038 901 020 044 901 196 095 048 163	40401 22810 15865 13714 11584 18767 11630 22837 11401 34622 24740 21326 20354 22713 20850 22357 19704 20621 225887 22519 35289 24732	\$759,810 \$338,459 \$215,907 \$76,757 \$61,901 \$19,872 \$17,814 \$12,995 \$11,860 \$2,729 \$2,725 \$2,167 \$1,471 \$1,062 \$751 \$1,471 \$1,062 \$2,4860 \$2,4860 \$2,495 \$2,167	49.58 22.09 14.09 5.009 4.040 1.297 1.163 0.848 0.752 0.187 0.178 0.144 0.141 0.118 0.096 0.069 0.049 0.036 0.036 0.030 0.028 0.017 0.015 0.013	NATIONAL C DRUGGISTS INTEGRITY CHURCH MUT JEFFERSON INTERSTATE GUARANTY N GLENS FALL SAFECO INS EMPIRE FIR SEA INSURA INSURANCE FIREMENS I HARTFORD A AMERICAN S COMMERCIAL PACIFIC EM UNITED STA HOME INDEM CONTINENTA	INS CO SURANCE COMPANY HIROPRACTIC MUT MUTUAL INSURANCE INSURANCE CO OF INDEMNITY COMPA ATIONAL INSURAN S INSURANCE CO OF ATIONAL INSURAN S INSURANCE COMPANY LIM COMPANY OF NORT NS CO OF NEWARK CCIDENT & INDEM TATES INSURANCE UNION INSURANC PLOYERS INSURAN TES FIDELITY & NITY COMPANY TH L INSURANCE COMPANY TH L INSURANC	TUAL INS CO E COMPANY NY SOMPANY INFO YORK PANY ICE COMPANY IPANY THE ISURANCE CO IITED IH AMERICA IN ITY CO ICOMPANY ICE COMPANY ICE COMPANY
OBS	PREMIUM EARNED		DIRECT LOSSES PAID	DIRECT LOSSES INCURRED	TRUE LOSS RATIO	CASH FLOW LOSS RATIO	PERCENT UNPAID
123456789011234567890123 111234567890123	\$2,9,1,0000000000000000000000000000000000	644 382 185 028 511 683 164	\$28,913 \$4,036 \$34,000 \$675 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$105,285 \$0 \$-74,976 \$1,622 \$7,460 \$3,342 \$58 \$8,608 \$847 \$0 \$665 \$22,477 \$5,479 \$-115,790 \$-626 \$0 \$0 \$0 \$0 \$7,960 \$7,960 \$-88,000 \$-16,410	29 0 -42 14 27 0 85 8 0 30 1117 -6538 -80 0 0 23394 -9352 -5112	4 1 16 1 0 0 0 0 0 0 40 0 0 0 0 0 221 0 2419	21 -1 -61 1 14 27 0 85 8 0 30 1117 47 -6538 0 -80 0 0 23141 0 -9989 -5112

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DIVISION OF INSURANCE MEDICAL MALPRACTICE LIABILITY FOR ALL OTHER WITH MARKET SHARE EXPERIENCE FOR 1985 IN THE STATE OF MISSOURI

OBS NAIC GROUP NAIC CODE PREMIUM WRITTEN MARKET SHARE COMPANY NAME 24 011 19372 \$108 0.007 NORTHERN INSURANCE CO OF NEW YORK 25 901 20702 \$34 0.002 AETNA FIRE UNDERWRITERS INS CO 26 001 19038 \$0 0.000 AETNA FIRE UNDERWRITERS INS CO 27 012 19445 \$0 0.000 AETNA FIRE UNDERWRITERS INS CO 28 150 20109 \$0 0.000 NATIONAL UNION FIRE INS CO OF PITTSE 29 901 20699 \$0 0.000 BITMINOUS FIRE AND MARINE INS CO 30 041 22217 \$0 0.000 AETNA TIONAL UNION FIRE INS CO 31 041 22217 \$0 0.000 AETNA TIONAL UNION FIRE INS CO 32 041 22217 \$0 0.000 GULF INSURANCE COMPANY 33 095 22527 \$0 0.000 SELECT INSURANCE COMPANY 34 225 23248 \$0 0.000								,0111	
25	OBS					COMPANY N	IAME		
OBS PREMIUM EARNED DIRECT LOSSES PAID DIRECT LOSSES LOSS LOSS RATIO TRUE LOSS RATIO CASH FLOW LOSS RATIO PERCENT UNPAID 24 \$208 \$0 \$441 212 0 212 25 \$90 \$0 \$65 72 0 72 26 \$0 \$486,003 \$1,065,522 0 0 0 0 27 \$0 \$698 \$0 0	25 26 27 28 29 30 31 32 33 34 35	901 001 012 150 901 041 041 095 225 164 327	20702 19038 19445 20109 20699 22209 22217 22233 22527 235248 24767 34207	======	\$34	AEINA FIR AETNA CAS NATIONAL BITUMINOU AETNA INS ATLANTIC GULF INSU SELECT IN HOME INSU OCCIDENTA ST PAUL F PURITAN I	E UNDERWRITERS UALTY AND SURE UNION FIRE INS US FIRE AND MAR URANCE COMPANY INSURANCE COMPANY SURANCE COMPANY SURANCE COMPANY L FIRE & CAS C IRE & MARINE I NSURANCE COMPA	INS CO TY COMPANY CO OF PITTSBU INE INS CO ANY THE O OF NC NSURANCE CO	JRG _
25 \$90 \$0 \$486,003 \$1,065,522 0 0 72 27 \$0 \$486,003 \$1,065,522 0 0 0 0 28 \$72 \$0 \$0 \$0 0 0 0 29 \$143 \$0 \$134 94 0 94 30 \$0 \$0 \$-18,318 0 0 0 0 31 \$17 \$0 \$-12,918 -75988 0 -75988 32 \$0 \$0 \$0 \$0 0 0 0 34 \$0 \$0 \$-304 0 0 0 35 \$0 \$0 \$0 \$0 0 0 36 \$0 \$0 \$-304 0 0 0 37 \$8 \$1,852 \$-2,647 0 0 0 37 \$8 \$1,183,576 \$133,576 1669700 -16908229 -13125000	OBS			DIRECT LOSSES	DIRECT LOSSES	Loss	CASH FLOW LOSS RATIO		
\$1,060,249 \$1,747,574 \$1,113,152 104.99% 114.04%	25 26 27 28 29 30 31 32 33	\$ \$1 \$	\$90 \$0 \$72 \$43 \$0 \$17 \$17 \$6 \$6 \$0 \$0 \$9 \$9	\$0 \$486,003 \$698 \$0 \$0 \$0 \$0 \$0 \$1,852 \$0 \$1,852	\$65 \$1,065,522 \$0 \$134 \$-18,318 \$-12,918 \$-304 \$0 \$-286 \$-2,647 \$-114 \$133,576	72 0 0 0 94 0 -75988 0 0 0 0 1669700	0 0 0 0 0 0 0 0 0 0 0 0 0	72 0 0 94 0 -75988 0 0 0	

MISSOURI FOR 1984 MEDICAL MALPRACTICE EXPERIENCE WITH MARKET SHARE

OBS	NAIC GROUP	NAIC CODE	PREMIUM WRITTEN	MARKET SHARE	COMPANY NAME	E	
1 2 3 4 5 6 7 8 9 0 11 12 13 14 15 17 18 19 21 22 23	000 000 164 000 861 861 000 012 000 218 164 001 929 076 337 189 076 000 095 095	32654 36668 24767 11843 33863 40401 16349 19445 33360 20443 24791 19938 122810 12955 25658 21881 11290 221105 15865 22748	\$8,487,457 \$7,052,719 \$7,052,7501 \$6,120,285 \$6,120,285 \$2,454,787 \$1,863,651 \$764,836 \$710,000 \$4477,285 \$4437,285 \$350,000 \$4437,599 \$299,8699 \$207,431 \$126,599 \$125,964 \$86,437	14.64 14.62 14.62 14.71 5.097 4.936 3.870 1.588 1.475 1.009 0.992 0.992 0.727 0.623 0.727 0.623 0.433 0.433 0.431 0.381	MISSOURI MEI ST PAUL FIRI MEDICAL PRO' MISSOURI PRO PROVIDERS II PROFESSIONAL NATIONAL UN RISK CONTROL INSURANCE CO CONTINENTAL ST PAUL MERO AETNA CASUAL AMERICAN CO CHICAGO INSU TRANSIT CAST TRAVELERS II NATIONAL SUI GLACIER GEN. HOME INDEMN. NORTH RIVER NATIONAL CH	NS CO L MUTUAL INS (CE COMPANY SURANCE CO NY ABILITY INSASSO CO CO OF PITTSBURG INC AMERICA PANY E COMPANY Y COMPANY URANCE CO Y ANY ION E COMPANY HE MPANY THE TUAL INS CO
OBS	PREMIUM EARNED		DIRECT LOSSES PAID	DIRECT LOSSES INCURRED	TRUE LOSS RATIO	CASH FLOW LOSS RATIO	PERCENT UNPAID
12345678901123456789011231456718902223	\$6,756,57 \$4,7530,7 \$5,824,6 \$6,831,6 \$6,831,6 \$5,526,4 \$1,6286,3 \$5,526,4 \$2,086,3 \$5,527,6 \$336,0 \$5,547,6 \$2,648,0 \$168,0 \$168,0 \$1837,3 \$125,2 \$77,9	34 29 83 87 87 87 87 87 87 87 87 87 87	\$3,375,478 \$1,419,260 \$5,895,961 \$3,936,965 \$4,821,887 \$10,136 \$4,811,760 \$8,000 \$269,500 \$25,000 \$247,458 \$1,689,735 \$0 \$-2,424 \$0 \$0 \$3,375 \$0 \$10,048 \$0	\$3,319,378 \$2,990,285 \$14,555,172 \$7,787,863 \$9,109,304 \$631,110 \$6,644,453 \$355,200 \$435,200 \$421,000 \$321,000 \$321,000 \$479,598 \$-14,162 \$168,253 \$106,615 \$168,253 \$52,545 \$106,502 \$25,135 \$52,545 \$361,651 \$-34,090	49.1 66.0 249.9 114.0 164.8 318.5 41.8 52.0 152.1 71.8 15.4 108.2 -3.9 66.7 31.3 51.5 133.7 288.7	39.77 20.12 83.73 58.07 78.79 0.41 202.40 0.43 35.24 0.00 5.14 51.62 368.99 0.00 -0.65 0.00 0.00 1.63 0.00 7.98 0.00	-0.8 34.7 148.7 56.4 77.6 38.2 87.8 40.9 6.1 12.9 140.3 26.6 -318.8 108.2 -66.9 63.7 31.3 49.9 13.7 33.3

MISSOURI FOR 1984 MEDICAL MALPRACTICE EXPERIENCE WITH MARKET SHARE

OBS			PREMIUM WRITTEN	SHARE	COMPANY NAME	PREMIUM EARNED	DIRECT LOSSES PAID	DIRECT LOSSES INCURRED	TRUE LOSS RATIO	CASH FLOW LOSS RATIO	
24 25 26	038 775 218	13714 20478	\$70,785 \$65,685 \$53,000	0.147 0.136 0.110	FEDERAL INSURANCE COMPANY DRUGGISTS MUTUAL INSURANCE COMPANY NATIONAL FIRE INS CO OF HARTFORD INSURANCE COMPANY OF NORTH AMERICA INSURANCE CO OF THE STATE OF PA ARGONAUT MIDWEST INSURANCE COMPANY JEFFERSON INSURANCE CO OF NEW YORK VIGILANT INSURANCE COMPANY	\$287,537 \$60,595 \$21,000	\$1,237,577 \$0 \$0	\$1,879,614 \$2,055 \$16,000	654 3 76	1748.36 0.00 0.00	223 3 76
27 28	901 012	19429	\$42,307 \$42,282	$0.088 \\ 0.088$	INSURANCE COMPANY OF NORTH AMERICA INSURANCE CO OF THE STATE OF PA	\$38,817	. \$0	\$209	-617 1	0.00	-617 1
29 30	215 486		\$39,463 \$39,059	0.082	ARGONAUT MIDWEST INSURANCE COMPANY JEFFERSON INSURANCE CO OF NEW YORK	\$47,783 \$37,989	\$1,362,409 \$0	\$2,089,173 \$18.787	4372 49	3452.37 0.00	1521 49
31	038	20397	\$34,467	0.072	VIGILANT INSURANCE COMPANY	\$69,107	\$100,000	\$235,594	341	290.13	196
32 33	020 299		\$33,438 \$28,107	0.058	VIGILANT INSURANCE COMPANY WESTERN CASUALTY AND SURETY COMPANY INTEGRITY INSURANCE COMPANY SEA INSURANCE COMPANY LIMITED HARTFORD FIRE INSURANCE COMPANY STANDARD FIRE INSURANCE COMPANY NORTH STAR REINSURANCE CORPORATION RANGER INSURANCE COMPANY ALLIANZ UNDERWELTERS INSURANCE COMPANY	\$39,128 \$36,428	\$36,000 \$140,361	\$241,708 \$-21,678	618 -60	107.66 499.38	526 -445
34	038	20354	\$26,781	0.056	SEA INSURANCE COMPANY LIMITED	\$25,638	S0	\$7,203 \$29,107	28	0.00	28 125
35 36	091 001		\$24,983 \$21,525	0.052	STANDARD FIRE INSURANCE COMPANY	\$19,956 \$27,829	AL 00 00L	0000 700	146 3460	17.01 2291.73	1687
37	080	22047	\$20,458	0.042	NORTH STAR REINSURANCE CORPORATION	\$22,231	\$0	\$-540,000 \$-1,850	-2429	0.00	-2429
38 39	158 761		\$19,547 \$11,171	0.041	STANDARD FIRE INSURANCE COMPANY NORTH STAR REINSURANCE COMPANY ALLIANZ UNDERWRITERS INSURANCE COMPANY NORTHBROOK INDEMNITY CO AMERICAN INSURANCE COMPANY THE CHURCH MUTUAL INSURANCE COMPANY AMERICAN CASUALTY CO OF READING PA OCCIDENTAL FIRE & CAS CO OF NC ARGONAUT INSURANCE COMPANY NATIONAL INDEMNITY COMPANY INTERNATIONAL INSURANCE COMPANY INTERSTATE INDEMNITY COMPANY GLENS FALLS INSURANCE COMPANY THE SAFECO INSURANCE CO OF AMERICA GUARANTY NATIONAL INSURANCE COMPANY	\$9,774	\$0 \$0	\$9,466	-9 97	0.00	-9 97
40	008	36455	\$11,075	0.023	NORTHBROOK INDEMNITY CO	\$19,428	\$0 80	\$15,600 \$-1,378	80 -12	0.00 0.00	80 -12
41 42	076 000	18767	\$11,000 \$8,075	0.023	CHURCH MUTUAL INSURANCE COMPANY	\$5,604	\$0 \$0	\$0	-12	0.00	0
43	218	20427	\$8,000	0.017	AMERICAN CASUALTY CO OF READING PA	\$8,000	\$0 80	\$5,000	63	0.00	63 -96
44 45	225 215	23248 19801	\$6,751 \$5,821	0.014	ARGONAUT INSURANCE COMPANY	\$5,321	\$0 \$0	\$-5,662 \$-195,638	-96 -3677	0.00 0.00	-3677
46	031	20087	\$5,680	0.012	NATIONAL INDEMNITY COMPANY	\$10,030	\$0 \$0	\$-221 \$-72,398	-2 -1422	0.00	-2 -1422
47 48	052 076	21083 22837	\$5,308 \$5,140	0.011	INTERSTATE INDEMNITY COMPANY	\$3,477	\$0 \$0	\$2,177	63	0.00	63
49	048	34622	\$5,081	0.011	GLENS FALLS INSURANCE COMPANY THE	\$4,700	\$0	\$0 \$5,902	115	0.00	115
50 51	163 610	24740 11401	\$4,624 \$3,371	0.010	GUARANTY NATIONAL INSURANCE COMPANY	\$9,962	\$139	\$-15,141	115 -152	0.00 4.12	115 -153
52	052	21113	\$3,278	0.007	UNITED STATES FIRE INSURANCE CO	\$6.906	\$-3,276 \$750	\$-82,493	-1195	-99.94	-1147
53 54	304 414	32352 11193	\$3,252 \$3,230	0.007	PRUDENTIAL PROPERTY & CASUALTY INS CO- FORUM INSURANCE COMPANY	\$4.384	\$0	\$32,646 \$8,464	1004 193	23.06 0.00	981 193
55	048	35289	\$2,193	0.005	CONTINENTAL INSURANCE COMPANY THE	\$3,809	\$6,453	\$9,953	261	294.25	92
56 57	196 020	25887 26107	\$2,024 \$1,886	0.004	UNITED STATES FIDELITY & GUARANTY CO WESTERN FIRE INSURANCE COMPANY	\$2,180 \$1,949	\$11,882 \$0	\$106,132 \$-46,992	4868 -2411	587.06 0.00	4323 -2411
58	048	20850	\$1,643	0.003	FIREMENS INS CO OF NEWARK, NEW JERSEY	\$1,987	\$0	\$0	0	0.00	0 -775
59 60	163 501	24732 10472		0.003	CAPITOL INDEMNITY CORPORATION	\$1,698	\$11,460 \$0	\$-14,413 \$0	-432 0	729.47 0.00	-115
61	095	22527	\$1,261	0.003	HOME INSURANCE COMPANY THE	\$1,165	\$0 \$0	\$0 \$526	0	0.00	0
62 63	143 020	23906 19704		0.003	AMERICAN STATES INSURANCE COMPANY	\$1,000	\$0 \$0	\$-10,000	43 -1000	0.00	43 -1000
64	011	19372	\$690	0.001	NORTHERN INSURANCE CO OF NEW YORK	\$644	\$0 \$0	\$2,232	347	0.00	347 0
65 66	143 901	10154 22667		0.001	CIGNA INSURANCE COMPANY	\$481	\$0 \$0	\$0 \$-341,035	-70901	$0.00 \\ 0.00$	-70901
67	901	20699	\$407	0.001	AETNA INSURANCE COMPANY	\$408	\$0 \$0	\$-3,581 \$0	-878	0.00	-878 0
68 69	037 044	14346 20621		0.001	COMMERCIAL UNION INSURANCE COMPANY	\$392	\$0 \$0	\$0	0	0.00 0.00	0
70		19356		0.000	MARYLAND CASUALTY COMPANY	\$140	\$5,000	\$386,082 \$0	275773 0	3205.13	272201 0
71 72	150 143	20109 23949		0.000	UNIVERSAL REINSURANCE CORPORATION	\$184	\$0 \$0	\$0	0	0.00 0.00	ő
73 74	901	20702	\$140	0.000	AETNA FIRE UNDERWRITERS INS CO	\$105	\$996 \$0	\$141 \$-299	134 -374	711.43	-814 -374
75	185 189	25534 25666		$0.000 \\ 0.000$	FIREMENS INS CO OF NEWARK, NEW JERSEY GENERAL INSURANCE CO OF AMERICA CAPITOL INDEMNITY CORPORATION HOME INSURANCE COMPANY THE NORTHWESTERN NATIONAL CASUALTY CO AMERICAN STATES INSURANCE COMPANY NORTHERN INSURANCE CO OF NEW YORK AMERICAN DRUGGISTS INSURANCE CO CIGNA INSURANCE COMPANY AETNA INSURANCE COMPANY IOWA NATIONAL MUTUAL INSURANCE CO COMMERCIAL UNION INSURANCE COMPANY MARYLAND CASUALTY COMPANY BITUMINOUS FIRE AND MARINE INS CO UNIVERSAL REINSURANCE CORPORATION AETNA FIRE UNDERWRITERS INS CO TRANSAMERICA INSURANCE COMPANY TRAVELERS INDEMNITY CO OF AMERICA	\$116	\$0 \$0	\$-1,465	-1263	0.00	-1263

MISSOURI FOR 1984 MEDICAL MALPRACTICE EXPERIENCE WITH MARKET SHARE

obs	NAIC GROUP	NAIC CODE	PREMIUM WRITTEN		COMPANY NAME .	PREMIUM EARNED	DIRECT LOSSES PAID	DIRECT LOSSES INCURRED		CASH FLOW LOSS RATIO	PERCENT UNPAID
76	048	35270	\$27	0.000	FIDELITY AND CASUALTY CO OF NY	\$73 \$0	\$0	\$0	0	0	0
77	001	19046	\$0	0.000	AETNA CASUALTY & SURETY CO OF IL	Ş0	\$0 \$0	\$-5	0	0	Q
78	001	19062	\$0	0.000	AUTOMOBILE INS CO OF HARTFORD CT	\$0	Ş0	\$-12,310	0	0	0
79	069	21709	\$0	0.000	TRUCK INSURANCE EXCHANGE	\$-8,052	Ş0	\$0	0	0	0
80	143	21989	\$0	0.000	COMPASS INSURANCE COMPANY	\$0	\$0	\$-2,000	. 0	0	0
81	041	22209	\$0	0.000	ATLANTIC INSURANCE COMPANY	\$495	\$174,000	\$114,556	23143	0	-12009
82	111	23043	\$0	0.000	LIBERTY MUTUAL INSURANCE COMPANY	\$0	\$1,000	\$-24,000	0	0	0
83	012	23841	\$0	0.000	NEW HAMPSHIRE INSURANCE COMPANY	\$1	Ş0			0	-27400
84	143	23914	\$0	0.000	NORTHWESTERN NATIONAL INS CO	\$67 \$0	Ş0	\$-2,034	-3036	0	-3036
85	162	24600	\$0	0.000	GLOBE INDEMNITY COMPANY	\$0	\$ 0	\$-101,934	0	0	ō
86	164	24775	\$0	0.000	ST PAUL GUARDIAN INSURANCE COMPANY	\$1,075	ŞO	Ş-7 <u>2</u>	-7	0	-7
87	162	26980	\$0	0.000	ROYAL INSURANCE COMPANY OF AMERICA	\$0	\$0	\$-47	0	0	0
88	059	21326	\$-107	000	EMPIRE FIRE AND MARINE INSURANCE CO	\$8,648	\$117,250	\$41,656	482	-109579	-874
89	041	22233	\$-126	000	SELECT INSURANCE COMPANY	\$-126	Ş0	\$2,733	-2169	0	-2169
90	052	21121	\$-361	001	WESTCHESTER FIRE INSURANCE COMPANY	\$-361	\$0	\$-3,454	957	0	957
91	041	22217	\$-697	001	GULF INSURANCE COMPANY	\$4,620	\$199,941	\$332,602	7199	-28686	2871
92	091	22357	\$-1,940	004	HARTFORD ACCIDENT & INDEMNITY CO	\$-1,233	\$787,449	\$375,872	-30484	-40590	33380
		===	=======			C20 205 464	¢21 000 074	CE 2 1:00 600	10/ 079/	(1 019)	
		\$48	, 158, 300			\$39,305,464	\$31,209,074	\$53,482,602	136.07%	64.81%	

DIVISON OF INSURANCE MEDICAL MALPRACTICE EXPERIENCE FOR PHYSICIANS & SURGEONS WITH MARKET SHARE EXPERIENCE FOR 1984 IN THE STATE OF MISSOURI

OBS	NAIC GROUP	NAIC CODE	PREMIUM WRITTEN	MARKET SHARE	COMPANY NAM	E .	
1 2 3 4 5 6 7 8 9 10 11 12 3 14 14 5 16 17 18 19 20 21 22 23 23 24 25 26 26 27 27 27 27 27 27 27 27 27 27 27 27 27	000 000 000 164 000 012 000 000 052 861 901 012 038 038 091 076 031 414 163 020 610	32654 36668 11843 24767 16349 19445 33367 28800 21105 40401 22748 19429 20397 20354 19682 22810 20087 11193 24740 26093 11401 25887	\$8,487,457 \$7,052,719 \$6,363,721 \$4,762,251 \$2,289,309 \$1,863,651 \$764,836 \$710,539 \$181,500 \$108,028 \$54,112 \$42,282 \$34,467 \$26,781 \$24,983 \$5,680 \$5,680 \$3,203 \$2,172 \$2,021 \$1,397	25.78 21.42 19.33 14.46 6.954 5.661 2.323 2.158 0.550 0.384 0.328 0.164 0.105 0.081 0.007 0.027 0.017 0.017 0.007 0.007	MISSOURI ME MEDICAL PRO ST PAUL FIR PROFESSIONA NATIONAL UN RISK CONTRO INSURANCE C GLACIER GEN NORTH RIVER PROVIDERS I PACIFIC EMP INSURANCE C VIGILANT IN SEA INSURAN HARTFORD FI CHICAGO INSU NATIONAL IN FORUM INSUR SAFECO INSU WESTERN CAS GUARANTY NA	L ASSOCIATES ORPORATION OF ERAL ASSURANCE INSURANCE COM	CE COMPANY NY NY NY NY NY CO CO CO CO CO CO CO CO CO CO CO CO CO
OBS	PREI EARI	MIUM	DIRECT LOSSES PAID	DIRECT LOSSES INCURRED	TRUE LOSS RATIO	CASH FLOW LOSS RATIO	PERCENT UNPAID
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 21 22 23	\$38 \$69 \$25 \$19 \$17 \$10 \$4 \$3 \$1	,734 ,767 ,434 ,396 ,923 ,751 ,595 ,641	\$3,375,478 \$1,419,260 \$3,841,064 \$4,372,354 \$4,811,760 \$8,000 \$269,500 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	\$3,319,378 \$2,990,285 \$7,486,103 \$6,119,062 \$6,541,345 \$355,200 \$43,542 \$96,704 \$524,248 \$61,592 \$209 \$255,203 \$29,250 \$-89,371 \$646,664 \$1,199 \$95,054	49 66 117 154 327 42 52 13 52 334 55 0 1 341 28 147 -504 193 209 2660 63 6316	40 20 60 92 210 0 35 0 0 0 290 0 17 0 0 0 0 0 54	-1 35 57 44 86 41 6 13 52 334 50 1 196 28 125 -504 2 129 2660 63 6266

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25 052 21113 \$1,300 0.004 UNITED STATES FIRE INSURANCE CO \$2,182 \$-3,276 \$-70,176 -321 26 143 23906 \$1,214 0.004 NORTHWESTERN NATIONAL CASUALTY CO \$1,214 \$0 \$526 4 27 020 19704 \$1,000 0.003 AMERICAN STATES INSURANCE COMPANY \$1,000 \$0 \$-10,000 -100 28 218 20443 \$1,000 0.003 CONTINENTAL CASUALTY COMPANY \$1,000 \$3,000 \$-134,000 -1340 29 163 24732 \$607 0.002 GENERAL INSURANCE CO 0F AMERICA \$2,400 \$10,060 \$-10,375 -43 30 143 10154 \$504 0.002 AMERICAN DRUGGISTS INSURANCE CO \$1,460 \$0 \$0	3 0 43 0 0 -1000 0 300 -13700 12 1657 -851	
32 143 23949 \$150 0.000 UNIVERSAL REINSURANCE CORPORATION \$184 \$0 \$0 \$0 \$33 185 25534 \$82 0.000 TRANSAMERICA INSURANCE COMPANY \$80 \$0 \$-299 -37 34 037 14346 \$50 0.000 IOWA NATIONAL MUTUAL INSURANCE CO \$50 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	56 -18405 30716 .57% 59.28%	,

DIVISON OF INSURANCE MEDICAL MALPRACTICE EXPERIENCE FOR DENTISTS WITH MARKET SHARE EXPERIENCE FOR 1984 IN THE STATE OF MISSOURI

OBS	NAIC GROUP	NAIC	PREMIUM WRITTEN	MARKET SHARE	COMPANY NAME	PREMIUM EARNED	DIRECT LOSSES PAID	DIRECT LOSSES INCURRED	TRUE LOSS RATIO	CASH FLOW LOSS RATIO	PERCENT UNPAID
1 2	164 000	24767 11843	\$1,342,697 \$415.712		ST PAUL FIRE & MARINE INSURANCE CO MEDICAL PROTECTIVE COMPANY	\$1,075,044 \$418,916		\$2,080,697 \$301,760	193.55 72.03	18.77 23.07	170.11 49.14
3	218	20443	\$284,000		CONTINENTAL CASUALTY COMPANY	\$118,000			326.27	7.75	307.63
4	189	25658	\$217,862		TRAVELERS INDEMNITY COMPANY	\$202,279	\$0	\$116,579	57.63	0.00	57.63
5	038	20281	\$70,785		FEDERAL INSURANCE COMPANY		\$1,237,577	\$1,879,614	653.69	1748.36	223.29
6	076	22810	\$62,479		CHICAGO INSURANCE COMPANY	\$44,501	\$76	\$28,654	64.39	0.12	64.22
7	218	20478	\$53,000		NATIONAL FIRE INS CO OF HARTFORD	\$21,000		\$16,000		0.00	76.19
8	164	24791	\$25,107		ST PAUL MERCURY INSURANCE COMPANY	\$31,658		Ş-18,761	-59.26	24.74	-78.88
9	001	19070	\$24,193		STANDARD FIRE INSURANCE COMPANY	\$26,211	\$2,244	\$-25,262	-96.38	9.28	-104.94
10	001	19038	\$7,198		AETNA CASUALTY AND SURETY COMPANY	\$6,282	\$500	\$38,109	606.64	6.95	598.68
11	218	20427	\$7,000	0.279	AMERICAN CASUALTY CO OF READING PA	\$7,000		\$5,000	71.43	0.00	71.43
12	048	20850		0.022	FIREMENS INS CO OF NEWARK, NEW JERSEY		\$0	\$0	0.00	0.00	0.00
13	196	25887		0.022	UNITED STATES FIDELITY & GUARANTY CO	\$583	\$10,000		2089.71	1848.43	374.44
14	091	22357	\$100	0.004	HARTFORD ACCIDENT & INDEMNITY CO	\$152	Ş0	\$128	84.21	0.00	84.21
15	095	22527	\$6	0.000	HOME INSURANCE COMPANY THE	\$9	\$0	\$0	0.00	0.00	0.00
16	001	19046		0.000	AETNA CASUALTY & SURETY CO OF IL	\$0	\$0	, \$-5	0.00	0.00	0.00
17	091	19682		0.000	HARTFORD FIRE INSURANCE COMPANY	\$0	\$0	\$-143	0.00	0.00	0.00
18	020	26093	\$0	0.000	WESTERN CASUALTY AND SURETY COMPANY	\$0	\$500	\$ - 655	0.00	0.00	0.00 .
					•				015 169	(1 709)	
			\$2,511,226			\$2,239,690	\$1,626,987	\$4,818,898	215.16%	64.79%	

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DIVISON OF INSURANCE

MEDICAL MALPRACTICE EXPERIENCE FOR NURSES
WITH MARKET SHARE EXPERIENCE FOR 1984 IN THE STATE OF MISSOURI

овѕ	NAIC GROUP	NAIC	PREMIUM WRITTEN	MARKET SHARE	COMPANY NAME	PREMIUM EARNED	DIRECT LOSSES PAID	DIRECT LOSSES INCURRED	TRUE LOSS RATIO	CASH FLOW LOSS RATIO	PERCENT UNPAID
12345678910112 11213145	001 486 861 008 020 501 095 052 020 052 001 052 164 162 048	19038 11630 40401 36455 26093 10472 22527 21083 26107 21121 19070 21113 24767 26980 35289	\$125,030 \$35,878 \$15,788 \$11,075 \$6,002 \$1,324 \$1,227 \$1,000 \$60 \$16 \$0 \$0 \$0 \$0 \$0 \$1,227 \$1,000	63.34 18.18 7.998 5.610 3.041 0.671 0.622 0.507 0.030 0.008 0.000 0.000 0.000	AETNA CASUALTY AND SURETY COMPANY JEFFERSON INSURANCE CO OF NEW YORK PROVIDERS INS CO NORTHBROOK INDEMNITY CO WESTERN CASUALTY AND SURETY COMPANY CAPITOL INDEMNITY CORPORATION HOME INSURANCE COMPANY THE INTERNATIONAL INSURANCE COMPANY WESTERN FIRE INSURANCE COMPANY WESTCHESTER FIRE INSURANCE COMPANY STANDARD FIRE INSURANCE COMPANY UNITED STATES FIRE INSURANCE CO ST PAUL FIRE & MARINE INSURANCE CO ROYAL INSURANCE COMPANY OF AMERICA CONTINENTAL INSURANCE COMPANY THE	\$129,402 \$28,771 \$11,100 \$19,428 \$6,167 \$1,698 \$1,025 \$708 \$57 \$16 \$0 \$526 \$27 \$0 \$31 ====== \$198,956	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	\$104,436 \$26,875 \$193 \$15,600 \$-2,015 \$0 \$9,951 \$233 \$-6 \$7 \$-2,276 \$-9,573 \$-9,573 \$19,158 ======= \$162,536	81 93 2 80 -33 0 1406 409 -38 0 -433 -35456 0 61800	0 0 0 0 0 0 0 0 0 0	81 93 2 80 -33 0 1406 409 -38 0 -433 -47426 0 43552

DIVISON OF INSURANCE MEDICAL MALPRACTICE EXPERIENCE FOR HOSPITALS WITH MARKET SHARE EXPERIENCE FOR 1984 IN THE STATE OF MISSOURI

OBS	NAIC GROUP	NAIC CODE	PREMIU WRITTE		COMPANY N	AME	
12345678901112314567189221223	861 861 164 929 337 001 218 095 000 189 901 215 901 299 020 080 1561 215 052	33863 40401 24767 24791 12246 12955 19038 20443 22519 16349 25658 22713 19828 22748 11584 26093 22047 24384 26093 22047 24384 26093 221083 32352 21113	\$6,120,28 \$2,24 \$2,55 \$9362,428 \$4436,55 \$4436,70 \$4436,70 \$325,70 \$325,70 \$32182,98 \$3325,98 \$3325,98 \$3325,98 \$3325,10 \$332,98 \$3325,10 \$132,98 \$3325,10 \$132,98 \$3325,10 \$132,98 \$3325,10 \$132,98 \$	18.57 3 8.105 3.915 5 3.836 5 3.029 2 2.819 1 1.739 1 1.584 8 0.761 6 0.698 0 0.359 1 0.342 0 0.379 0 0.177 0 0.169 1 0.097 1 0.097 1 0.050 1 0.028	PROVIDERS ST PAUL F ST PAUL F ST PAUL M AMERICAN TRANSIT C AETNA CAS CONTINENT HOME INDE PROFESSIO TRAVELERS INSURANCE ARGONAUT PACIFIC E INTEGRITY WESTERN C NORTH STA RANGER IN ALLIANZ U ARGONAUT INTERNATI PRUDENTIA	INS CO IRE & MARINE IERCURY INSURAL CONTINENTAL II ASUALTY COMPAI UALTY AND SUR AL CASUALTY COMPANY NAL MUTUAL IN: INDEMNITY COMPANY OF NI MIDWEST INSUR INSURANCE COMPAI REINSURANCE COMPAI NDERWRITERS II INSURANCE COMPAI NDERWRITERS INSURANCE COMPAI NDERWRITERS INSURANCE COMPAI INSURANCE COMPAI INSURANCE COMPAI INSURANCE COMPAI INSURANCE COMPAI INSURANCE COMPAI INSURANCE COMPAI INSURANCE COMPAI INSURANCE COMPAI INSURANCE COMPAI INSURANCE COMPAI INSURANCE COMPAI INSURANCE	NCE COMPANY NSURANCE CO NY ETY COMPANY OMPANY THE S CO MPANY ORTH AMERICA ANCE COMPANY RANCE COMPANY WPANY URETY COMPANY CORPORATION NY NSURANCE COMPANY PANY E COMPANY CASUALTY INS CO
OBS	PREMIU EARNED	М	DIRECT LOSSES PAID	DIRECT LOSSES INCURRED	TRUE LOSS RATIO	CASH FLOW LOSS RATIO	PERCENT UNPAID
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 21 22 23	\$5,526, \$1,373, \$772, \$515, \$443, \$150, \$369, \$182, \$182, \$60, \$39, \$437, \$377	775 124 \$1 829 417 930 \$1 900 991 9921 9967 693 783 \$1 207 231 547 774 3383 252	1,821,887 \$5,492 1,268,397 \$241,247 \$0 \$0 \$0 \$1,198,073 \$0 \$0 \$0 \$0 \$0 \$0 \$140,361 \$35,500 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	\$9,109,304 \$521,901 \$6,350,486 \$407,592 \$479,598 \$100,615 \$394,830 \$70,000 \$25,135 \$103,108 \$50,996 \$1,000 \$1,617,699 \$-21,678 \$197,714 \$-540,000 \$-1,850 \$9,466 \$90,332 \$-82,349 \$32,646 \$-10,041	165 38 822 79 108 67 107 76 14 123 84 3386 0 -60 634 -2429 -9 97 1698 -1879 1004 -239	79 0 135 53 0 0 368 0 0 0 0 3385 0 499 141 0 0 0	78 38 658 32 108 67 -217 76 14 123 84 123 84 3 590 -445 520 -2429 -9 1698 -1879 981 -239

DIVISON OF INSURANCE MEDICAL MALPRACTICE EXPERIENCE FOR HOSPITALS WITH MARKET SHARE EXPERIENCE FOR 1984 IN THE STATE OF MISSOURI

OBS	NAIC GROUP	NAIC CODE	PREMIUM WRITTEN		COMPANY NAME	PREMIUM EARNED	DIRECT LOSSES PAID	DIRECT LOSSES INCURRED		CASH FLOW LOSS RATIO	PERCENT UNPAID
245 256 278 2931 3334 336 37	020 048 901 048 052 189 048 610 164 196 095 052 076	26107 35289 22667 20850 21105 25666 35270 11401 24775 25887 22527 21121 22357 22810	\$481 \$191 \$99 \$31 \$27 \$0 \$0 \$-24 \$-377 \$-2,241	0.007 0.004 0.002 0.001 0.000 0.000 0.000 0.000 0.000 000 003	WESTERN FIRE INSURANCE COMPANY CONTINENTAL INSURANCE COMPANY THE CIGNA INSURANCE COMPANY FIREMENS INS CO OF NEWARK, NEW JERSEY NORTH RIVER INSURANCE COMPANY THE TRAVELERS INDEMNITY CO OF AMERICA FIDELITY AND CASUALTY CO OF NY GUARANTY NATIONAL INSURANCE COMPANY ST PAUL GUARDIAN INSURANCE COMPANY UNITED STATES FIDELITY & GUARANTY CO HOME INSURANCE COMPANY THE WESTCHESTER FIRE INSURANCE COMPANY HARTFORD ACCIDENT & INDEMNITY CO CHICAGO INSURANCE COMPANY	\$1,413 \$769 \$481 \$195 \$402 \$116 \$50 \$1,391 \$1,075 \$0 \$-24 \$-377 \$-2,250 \$7,263	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	\$1,718 \$0 \$-341,035 \$0 \$239 \$-1,465 \$0 \$19,254 \$-72 \$-12,930 \$-3,448 \$-45,841 \$-12,110	122 0-70901 0 59 -1263 0 1384 7 0 915 2037 -167	0 0 0 0 0 0 0 0 0 0 0 0 0 0	122 0 -70901 0 59 -1263 0 1384 -7 0 915 35480 -167
			\$11.555.517			\$9,843,275	\$9,799,815	\$18,510,814	188.0	6% 84.81%	

DIVISON OF INSURANCE MEDICAL MALPRACTICE. EXPERIENCE FOR ALL OTHER WITH MARKET SHARE EXPERIENCE FOR 1984 IN THE STATE OF MISSOURI

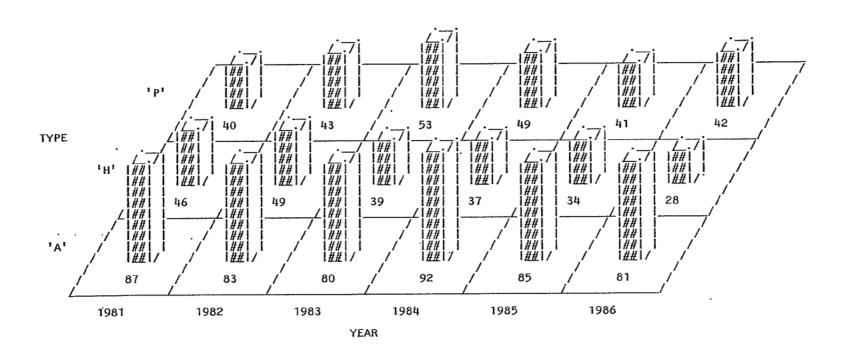
OBS NAIC NAIC PREMIUM MARKE GROUP CODE WRITTEN SHARE	COMPANY NAME	PREMIUM EARNED	DIRECT LOSSES PAID	DIRECT LOSSES INCURRED		CASH FLOW LOSS RATIO	
1 076 22810 \$308,818 28.89 2 076 21881 \$208,699 19.52 3 861 40401 \$185,321 17.34 4 000 15865 \$125,964 11.78 5 038 20281 \$70,785 6.622 6 775 13714 \$65,685 6.145 7 038 20354 \$26,781 2.505 8 000 11290 \$26,291 2.460 9 076 21857 \$11,000 1.029 10 000 18767 \$8,075 0.755 11 225 23248 \$6,751 0.632 12 076 22837 \$5,140 0.481 13 048 34622 \$5,081 0.475 14 486 11630 \$3,181 0.298 15 163 24740 \$2,163 0.202 14 486 11630 \$3,181 0.298 17 610 11401 \$1,350 0.126 16 048 35289 \$1,380 0.126 17 610 11401 \$1,350 0.126 18 218 20427 \$1,000 0.094 19 163 24732 \$964 0.090 20 048 20850 \$906 0.085 21 901 22713 \$857 0.080 21 901 22713 \$857 0.080 22 011 19372 \$690 0.065 23 095 22519 \$600 0.056 24 044 20621 \$347 0.032 25 037 14346 \$338 0.032 26 091 22357 \$201 0.019 27 011 19356 \$156 0.015 28 150 20109 \$156 0.015 28 150 20109 \$156 0.015 31 901 22748 \$57 0.003 31 901 22748 \$57 0.003 31 901 22748 \$57 0.003 32 095 22527 \$52 0.005 33 414 11193 \$27 0.003 34 001 19038 \$0 0.000 35 215 19828 \$0 0.000	CHICAGO INSURANCE COMPANY NATIONAL SURETY CORPORATION PROVIDERS INS CO NATIONAL CHIROPRACTIC MUTUAL INS CO FEDERAL INSURANCE COMPANY DRUGGISTS MUTUAL INSURANCE COMPANY SEA INSURANCE COMPANY LIMITED GLACIER GENERAL ASSURANCE COMPANY AMERICAN INSURANCE COMPANY THE CHURCH MUTUAL INSURANCE COMPANY OCCIDENTAL FIRE & CAS CO OF NC INTERSTATE INDEMNITY COMPANY GLENS FALLS INSURANCE COMPANY THE JEFFERSON INSURANCE CO OF AMERICA CONTINENTAL INSURANCE COMPANY THE GUARANTY NATIONAL INSURANCE COMPANY AMERICAN CASUALTY CO OF READING PA GENERAL INSURANCE CO OF AMERICA FIREMENS INS CO OF NEWARK, NEW JERSEY INSURANCE COMPANY OF NORTH AMERICA NORTHERN INSURANCE CO OF NEW YORK HOME INDEMNITY COMPANY THE COMMERCIAL UNION INSURANCE COMPANY IOWA NATIONAL MUTUAL INSURANCE CO HARTFORD ACCIDENT & INDEMNITY CO MARYLAND CASUALTY COMPANY BITUMINOUS FIRE AND MARINE INS CO AETNA FIRE UNDERWRITERS INS CO UNITED STATES FIDELITY & GUARANTY CO PACIFIC EMPLOYERS INSURANCE COMPANY HOME INSURANCE COMPANY HOME INSURANCE COMPANY HOME INSURANCE COMPANY HOME INSURANCE COMPANY AETNA CASUALTY AND SURETY COMPANY ARGONAUT INSURANCE COMPANY ARGONAUT MIDWEST INSURANCE COMPANY ARGONAUT MIDWEST INSURANCE COMPANY ARGONAUT MIDWEST INSURANCE COMPANY ARGONAUT MIDWEST INSURANCE COMPANY ARGONAUT MIDWEST INSURANCE COMPANY	\$295,903 \$168,032 \$131,210 \$125,265 \$187,537 \$60,595 \$25,638 \$211,131 \$5,604 \$5,912 \$3,477 \$4,700 \$9,218 \$2,107 \$3,009 \$6,670 \$1,000 \$1,274 \$1,720 \$644 \$600 \$3454 \$482 \$140 \$139 \$105 \$92	PAID \$-2,500 \$4,644 \$10,048 \$1,048 \$1,237,577 \$0 \$0 \$1,875 \$0 \$0 \$0 \$0 \$0 \$796 \$139 \$1,400 \$0 \$0 \$0 \$0 \$0 \$0 \$1,400 \$0 \$0 \$0 \$0 \$1,400 \$0 \$0 \$1,400 \$0 \$1,400 \$0 \$1,400 \$1	\$58,665 \$52,545 \$47,424 \$361,651	RATIO 20 31 36 289 1002 3 28 45 -12 0 -96 63 0 -88 -19 -306 -534 0 -430 0 -14914 347 0 86428	-1 0 3 8 1748 0 0 7 0 0 0 0 58 10 0 0 0 0 145 0 0 0 0 17413 3205 711 1316 0 0 0	21 31 33 281 342 28 36 -12 -96 63 -88 -12 -96 -819 -332 -536 -570 -14914 347 00 79167 272201 -814 11623 -4670 00 00
37 143 21989 \$0 0.000 38 164 24767 \$0 0.000 39 048 35270 \$0 0.000 40 059 21326 \$-107010	ST PAUL FIRE & MARINE INSURANCE CO FIDELITY AND CASUALTY CO OF NY	\$0 \$23 \$8,648	\$0 \$0 \$117,250	\$14,500 \$0 \$41,656	0 0 482	0 0 -109579	0 0 -874
\$1,068,935		\$1,085,494	\$1,495,707		296.89%	139.92%	

TABLE XIII

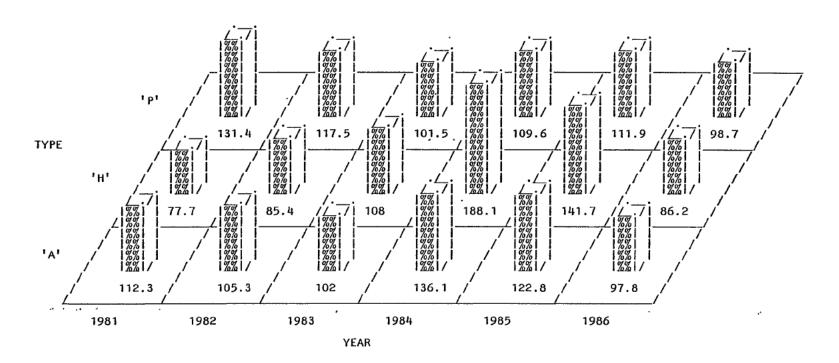
Year-to-Year Changes Shown by Block Chart

The following block charts show year-to-year changes in the number of companies writing medical malpractice insurance in Missouri, loss ratios, using losses incurred to premium earned, and premium written. Premium written was chosen to show the volatility of the insurance market. These charts were developed from data shown in Table XII.

NUMBER OF COMPANIES WRITING MALPRACTICE BLOCK CHART OF NOCOS



LOSS RATIO PERCENTAGES BY YEAR BLOCK CHART OF LOSRAT



·153;-

TOTAL PREMIUM WRITTEN BY YEAR BLOCK CHART OF PREMIUM

